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ANALYSIS OF *VELPEAU'S NEW ELEMENTS* OF OPERATIVE MEDICINE.*

LIGATURE OF ARTERIES.

PASSING over the second chapter, in which aneurism and its treatment are generally considered, we arrive at the strictly *operative* department of the *ligature of each artery in particular*. This subject, which is admirably treated, occupies the third chapter, 160 pages of the volumes before us. Our design in this section of our analysis, is to extract the *standard processes* for tying each artery—those, for instance, which M. Velpeau or M. Manec consider the most appropriate, and of the superiority of which we have ourselves obtained the strongest conviction. The following pages will, consequently, we trust, afford the surgical student and young practitioner a good practical guide in their studies on the dead body, and in their treatment of the living.

M. Velpeau commences with the lower extremities, and describes the ligature of its arteries in surgical order—that is, from below upwards. The arteries which here demand ligature are the *pedieuse*, the anterior tibial, the posterior tibial, the peroneal, the popliteal, the femoral, the circumflex, and the iliac.

A.—LIGATURE OF THE PEDIEUSE.

Anatomical Remarks.—This artery is a simple continuation of the anterior tibial; it arises beneath the annular ligament of the tarsus, a little nearer the internal than the external malleolus; it thence passes obliquely inwards towards the first metatarsal interosseous space, which it traverses from above downwards, to gain the sole of the foot, and produce the plantar arch by its anastomosis with the external branch of the posterior tibial. Separated from the bones and ligaments by a layer of cellular substance alone, it is bounded internally, or sometimes externally, by the internal branch of the deep dorsal nerve of the foot; at the opposite side by the accompanying vein. It is covered from below upwards, 1. By a fibrous or fibro-cellular layer, which separates it from the surrounding tendons; 2. By a cellulo-adipose layer, which is not constantly present; 3. By the dorsal aponeurosis of the foot; 4. By the subcutaneous cellular layer; and, 5. By the skin. The first tendon of the common extensor of the toes is on its outer side; that of the proper extensor of the great-toe on its inner side.

This artery sometimes presents anomalies of distribution, or is altogether deficient. In the latter case, although embarrassing on the dead body, it is immaterial in the living, as no wound can occur to indicate the propriety of tying an absent vessel.

Operation.—The patient should be placed on his back, the leg slightly flexed, the foot moderately extended. With a straight or convex bistoury, the surgeon makes an incision about two inches long, in the direction of the oblique line which passes from the middle of the ancle to the first interosseous space. Divide the subcutaneous cellular layer, avoiding as much as possible the cutaneous vessels and nerves. The aponeurosis is next opened on the grooved director, and you arrive, between the tendons of the two first toes, at the second fibrous layer; lastly, at the artery, which is to be cautiously separated from the accompanying nerve and veins. The ligature is then passed in the usual manner.

B.—ANTERIOR TIBIAL ARTERY.

Anatomical Remarks.—Arising from the trunk of the popliteal, this artery, after

* We may take this opportunity, once for all, of mentioning, that M. Velpeau's work is published (in French) by Bailliere of Paris.—ED. L.

crossing the interosseous ligament almost at a right angle, follows, as it descends, the direction of an oblique line drawn from the middle of the space which exists between the head of the fibula and the spine of the tibia, and proceeding to the middle of the ancle at the origin of the artery last described. In its upper two-thirds it lies almost bare on the interosseous ligament, then on the external side, and before the tibia, it is more deeply situated the higher you seek it. Situated between the common extensor and tibialis anticus muscles superiorly, the tibialis anticus and extensor of the great-toe in the middle, and this last muscle and the common extensor in its lower third. This artery but seldom presents anomalies worthy of the surgeon's attention. Neither are its branches, except the recurrent, of the least surgical importance.

Operation.—The patient is placed on his back, and the leg held in a slightly prone position, so that its anterior muscles can be extended or relaxed by the assistant as occasion may require.

In its lower third the skin, cellular layer, and aponeurosis, are to be divided to the extent of two inches in the line above described. The tendons of the extensor of the great-toe and tibialis anticus are then held apart by the index-finger, or the point of a sound. The vessel is then readily separated from its accompanying nerve and veins, and the ligature readily applied.

In its two upper thirds this artery may be exposed in different ways. We prefer, by far, that described by M. Velpeau, and sanctioned by Manec. An incision, from three to four inches long, is made through the skin only, in the direction of the artery, as above described—that is, in the centre of the space between the fibula and the crest of the tibia; or, in subjects of average muscularity and stature, we may take for our guide the space of one inch from the outer edge of the tibia. The aponeurosis is then to be divided to an equal extent on the director, and in the same line as the external incision. A yellowish line is then perceived between the muscles to be separated. This is accomplished with the fore-finger, which we insinuate in the interval, until it reaches the interosseous ligament. The vessel can then be seen. The foot is now flexed, the muscles are relaxed and held apart, and a grooved director is introduced into the wound, in the direction of an oblique line drawn from below upwards, or, in other words, from the fibula towards the tibia. A ligature can thus be applied without the extreme difficulty generally anticipated.

C.—POSTERIOR TIBIAL ARTERY.

Anatomical Remarks.—From its origin, a little below the popliteal artery to its division into internal and external plantar muscles, this artery follows almost exactly the direction of a line rather convex inwardly, which extends from the middle of the calf of the leg to half an inch behind the inner malleolus. Two veins usually accompany it. The posterior tibial nerve generally runs to its peroneal side, at a distance of three or four lines. Resting on the deep muscles in its whole extent, it is covered by the aponeurosis which exists between the two fleshy layers—by muscles, cellular tissue, or fascia, and by the common integuments, but in various degrees according to its position. Thus,

In *the malleolar arch*, it is applied close to the fibrous sheath of the common extensor of the toes, about three lines posteriorly to the edge of the malleolus; the nerve is behind; the veins to the inner side; the inner ligament of the tarsus, a fibrous sheath continuous with the aponeurosis of the leg, covers it, and mingles with the dense tissue beneath the skin.

Between the malleolus and the calf, the vessel is farther from the edge of the tibia. The deep aponeurosis binds it down to the posterior tibial muscle, and to the long flexor of the toes, and long flexor of the great-toe.

At the calf the artery is very deeply placed almost on a level with the posterior surface, and much nearer the external than the internal edge of the tibia. The covering aponeurosis is fine and silvery, with strong longitudinal fibres. The artery is covered, then, by the tibial portion of the soleus, the inner gastrocnemius, the superficial aponeurosis, and the subcutaneous cellular layer containing the great saphena vein and nerve.

Operation.—Wherever this artery requires tying, the limb should be bent and laid on its outer side.

Behind the Malleolus.—A slightly curved incision is made behind the malleolus, the concavity anterior, commencing an inch above, ending an inch below, and at least three lines behind the malleolus. The tissues should be divided very cautiously, layer by layer, and on the grooved director. On dividing the ligament the vessel is readily exposed. The distance from the malleolus should not be forgotten. If nearer to it, you may cut into the tendinous sheaths. If further away, you run astray in your search for the vessel.

Below the Calf.—Make a straight incision from two to three inches long, equidistant from the inner edge of the tibia and the tendo Achillis. The skin, cel-

lular layer, and superficial aponeurosis, being divided, you lay bare the deep aponeurosis with the finger or sound. Introduce the director beneath this aponeurosis in the direction of the vessel, and cut it perpendicularly forwards; the vessel is then readily exposed.

In the upper Third.—The operation has been represented as one of almost impracticable difficulty. By following minutely the simple and short directions we proceed to give, the experimentalist on the dead body will get rid of many of his anticipations of difficulty in the living.

Placed outside the limb, make an incision *through the skin only*, about four inches long, parallel to, and one finger's breadth from, the inner edge of the tibia. Hold aside the saphena vein; divide now the aponeurosis to the same extent as the skin, and you then fall perpendicularly on the fibres of the soleus muscle. The soleus is next to be cut through in the same line and extent as the skin, but gradually, the bistoury not dividing more than a line's depth at each stroke. It is of consequence, also, that the edge of the bistoury should be directed perpendicularly towards the posterior surface of the tibia. Proceeding thus, you soon arrive at a thick, shining, aponeurosis, to which the muscular fibres are united. The artery lies immediately beneath this, surrounded by its veins, and parallel to the nerve, which is readily distinguished by its form and colour. Divide the aponeurosis freely on a grooved director, and you at once reach the vessel.

[We have noticed in our own dissections an important anatomical fact, which bears upon this operation. We have found, on an average, that in one of every five subjects, the head of the soleus, divided in the mode above described, contains *within its substance* a tendinous stratum on the same plane with the true subjacent aponeurosis, from which it is distant about three lines. Wherever this construction exists in dividing the soleus, you first fall on the central tendinous layer, which, by any one unaware of the fact, must be considered as the aponeurosis, immediately beneath which the artery is to be found. If, consequently, muscular fibres present themselves immediately on dividing the first white layer, you must continue to divide them to the same extent, and with the same caution as before, till you arrive at the second and true aponeurosis, which is above the vessel.]

D.—PERINEAL ARTERY.

Operations.—The femoral artery is now almost invariably tied for the affections of this vessel. We shall consequently imitate M. Velpeau, and dismiss it in a few words.

1*st Method.* An incision three inches long, parallel to the posterior edge of the fibula, comprising successively the skin, cellular layer, superficial aponeurosis, external root of the soleus and deep aponeurosis, discovers the vessel either among the fibres, or on the posterior and inner surface of the long flexor muscle of the great-toe.

2*nd Method.* Mr. Guthrie in one instance divided the calf vertically to the extent of seven inches, then cut the external edge of the wound across, and included the artery in a ligature.

In all these ligatures, namely, in those of the anterior and posterior tibial, in their upper two-thirds, and the perineal, as just described, M. Lisfranc recommends that the first incision should be obliquely directed, so as to cross the artery at an angle of 35 degrees. He considers that you thus find more readily the muscular interstices, and have more liberty and certainty in your management of the vessel.

E.—POPLITEAL ARTERY.

Anatomical Remarks.—The popliteal space is an excavation formed by two triangles of common bases, its larger part above the condyles. Superiorly, the sartorius, semitendinosus, semimembranosus, and third adductor, form its internal, the biceps the external, and the femur, its anterior wall. Below, the origins of the gastrocnemius and the condyles of the thigh, limit its sides, while the posterior surface of the joint and the popliteal muscle constitute its floor. Finally, an aponeurosis, continuous with those of the thigh and leg, shuts up the entire space from behind.

The popliteal artery traverses it from above downwards, and a little nearer its inner than its outer edge. In its femoral half, the vein is closely connected with it posteriorly and externally. The inner branch of the sciatic nerve is more superficial. From three to five lymphatic ganglia, some cellular substance and fat, surround and separate the entire from the aponeurosis. In the leg it is less deeply seated. Frequently the vein and nerve are on the inner side; sometimes the former is on the peroneal, the latter on the tibial side. Its cellular tissue, and the origins of the gastrocnemii, conceal it behind, while anteriorly it rests on the posterior ligament of the joint, and on the popliteus muscle. The saphena vein ceases to be superficial on entering this region, on the median line of

which it is generally observed. It opens into the popliteal vein a little above the condyles.

Operation.—When the ligature of this artery becomes necessary,—a very rare contingency,—the patient is placed on his belly, and the limb moderately extended. To reach the *lower* portion of the artery in the usual method, an incision three or four inches long is made on the median line parallel with the axis of the limb, through the skin and subcutaneous layer, taking care to press the saphena vein outwards, should it present itself. The aponeurosis once divided, the bistoury is laid aside, cellular tissue and fat are cautiously torn, the roots of the gastrocnemii separated, and the vessel is separated from the vein and nerves, with the grooved director. *Above the condyles* the incision should be longer, a little to the inner side of the ham, and slightly oblique. Below the aponeurosis are met, the nerve, then the vein, and, below all, the artery, which is difficultly separable from the vein.

MM. Jobert and Ashmead seek the artery by penetrating through the depression which is remarked above the internal condyle of the thigh, between the vastus externus and inner edge of the ham, when the leg is half bent. M. Velpeau justly repudiates this operation, which is ten times more difficult than that we have described, without any peculiar advantage.

F.—FEMORAL ARTERY.

Anatomical Remarks.—Extending from the crural arch to the lower third of the thigh, the femoral artery follows the direction of a slightly spiral line, which, from the middle of the fallopian ligament, should descend obliquely inwards, and fall between both condyles of the femur, including the popliteal artery. The vein connected with its internal and posterior side, is united to it by dense cellular tissue, which also forms for both a common sheath. The principal branch of the crural nerve, at first on its outer side, inclines gradually forwards, and sometimes to its inner side as it descends, but quits the artery altogether below, in order to pass between the muscles which form the edge of the ham. Another nerve, not less voluminous, sometimes crosses its upper part, to continue before it and the vein, as far as the middle of the thigh; a fibrous sheath sunk in the substance of the deep layer of the fascia lata, envelops the entire, and offers a disposition important to be noticed. The anterior wall of this sheath gradually increases in substance as it descends, so that in the groin it is readily torn by the sound, while below it is of great strength and substance. Inferiorly also it is continuous with the aponeurosis of the second adductor. The artery is next covered by the sartorius muscle, which crosses it obliquely from without inwards, concealing in reality only its lower two-thirds, and leaving the upper one quite uncovered, except by ganglia and filamentous tissue.

The most important of the branches of this artery are, 1st, the profunda which comes off about two inches below Poupart's ligament, and, on a level with the smaller trochanter, sinks beneath the deep layer of aponeurosis, and divides into the three perforating branches; 2nd, the circumflex arising a little above or below the profunda, or even from that artery itself; 3rd, the superficial muscular which gives off the external circumflex, and descends to the knee to anastomose with branches of the popliteal; 4th, the great anastomotic which arises near the commencement of the popliteal, and proceeds to the inner side of the knee, along the upper surface of the third adductor.

The *anomalies* of this artery are frequent and important, but do not require notice in this operative sketch.

Operations.—Lower half of the Thigh.—The limb is at first slightly flexed and turned outwards, so as to relax the muscles. An incision, about three inches long, is made on the soft parts so as to bear *half on the middle third and half on the lower third of the thigh.* If lower down, viz., only three or four fingers breadth above the knee, as some have recommended, the artery could not be found, as it has then entered the hollow of the ham. The incision is directed obliquely from without inwards, on the external edge of the sartorius muscle, which is distinguished from the gracilis, triceps, &c. by the direction of its fibres, and *by their containing no fat.* The sartorius muscle is then pressed *inwards* (according to the precept of Roux and Hutchinson). The sheath of the sartorius muscle is first divided, and below this is a second and stronger aponeurotic layer, which forms the anterior wall of the groove in which the vessel runs.

M. Lisfranc prefers Hunter's method of pressing the sartorius *outwards*, because he thinks accumulation of pus is thus obviated. Velpeau thinks, however, and we perfectly agree with him, that the greater liability of wounding the saphena vein in Hunter's process, more than counterbalances the advantage which Lisfranc so highly values.

Upper half of the Thigh.—Here an incision from two to three inches long, generally suffices to lay the trunk of the artery bare.

The centre of this incision should be four fingers breadth below Poupart's ligament, and its direction corresponding with the course of the vessel, rather outwards than to the inner side, in order to avoid the saphena vein. Below the skin and fatty layer we find the aponeurosis. Before dividing this we should remember, that inferiorly the inner edge of the sartorius separates usually this aponeurosis from the artery, which is not the case in the upper part of the inguinal triangle. This aponeurosis divided, and the muscles pressed outwards, a grooved director is passed beneath the superficial layer of the femoral sheath, which we divide to the same extent with the rest of the wound. Finally, the vessel is isolated from its inner side, and with the usual precautions, in order to avoid the crural vein and adjacent nerves.

G.—LIGATURE OF THE CIRCUMFLEX AND PROFUNDA ARTERIES.

With respect to these operations, M. Velpeau says, "If one of the circumflex arteries or the profunda should either be divided or be the seat of an aneurism, it would not be very difficult to apply a ligature. The essential point would be the correct diagnosis of the lesion. By laying bare the trunk of the femoral artery at its issue from the crural arch, a ligature could be readily applied to the root of the artery affected. M. Roux is the only one to my knowledge who has had occasion to operate thus on one of the secondary branches, viz., on the internal circumflex of the thigh."

H.—EXTERNAL ILIAC ARTERY.

Anatomical Remarks.—From the level of the sacro-iliac symphisis, the primitive iliac artery bifurcates to its passage beneath Poupart's ligament; the external iliac represents a slight curve, with an external and posterior convexity; applied against the psoas muscle externally, and on the iliac vein behind, and internally, it is covered immediately by an expansion of the fascia iliaca. The crural nerve is separated from it by the tendon of the psoas and a very strong aponeurosis. A branch of the genito-crural nerve sometimes runs along its inner and anterior surface, which is crossed by the ureter, and in females by the ovarian vessels. The peritoneum, which conceals at once all these different objects, only adheres to the weakly artery by means of a lamellar and fatty layer, and even quits it altogether anteriorly, in order to be reflected on the posterior surface of the parietes of the abdomen. At its entrance into the crural sheath, the vessel insensibly rises, and contracts some new relations. It is supported by the body of the pubes and the origin of the pectineal muscle. The vas deferens crosses it as it plunges into the pelvis. The spermatic chord crosses it also at a somewhat greater distance in traversing the inguinal canal. The epigastric vein is also obliged to traverse the artery as it proceeds to open into the iliac vein, to which the artery is attached, as is the femoral in the thigh. The anterior iliac and epigastric arteries separate themselves from it, one a little to the outer, the other to the inner side, usually on a level with the ilio-pectineal crest, but varying higher or lower for from six to eight lines. The cæcum to the right, the sigmoid flexure of the colon to the left, are the only viscera between the artery and the parietes of the abdomen.

Operation.—This has been performed in several modes, the best of which appears to be that recommended by M. Velpeau in this volume. The patient is placed on his back, the limb moderately extended and fixed in this position by assistants. The surgeon then makes a slightly carved incision, three inches long, parallel to Poupart's ligament, and a little above it, and which divides the skin and fascia superficialis. The aponeurosis of the external oblique is next seen, and divided on a grooved sound. The fibres of the lesser oblique then present themselves, are cut or pushed back, and the fascia transversalis is then torn as far as the vas deferens, which is pushed back along with the fleshy fibres. The finger is now employed to separate the peritoneum from the subjacent parts. The artery is then perceived, with the eye or index-finger, on the inner edge of the psoas, and on the side of the upper margin of the pelvis. The sheath it receives from the fascia iliaca is then divided with a director from the inner side, and the vessel cautiously separated from the vein. The ligature should always be applied above the epigastric artery.

MM. Abernethy and Begin make the external incisions in the direction of the artery, the former a little more to the outer side of the ring. Sir Astley Cooper makes a semilunar incision in the direction of the fibres of the greater oblique, the convexity inferior, commencing at some distance from the antero-superior spine of the ilium, to terminate near the inguinal ring. In raising up this semilunar flap, the spermatic chord, the opening of the fascia transversalis, and the epigastric artery, are seen, and the iliac vessels are readily reached.

M. Mance recommends the skin to be divided in a line, falling from above downwards, and without inwards, commencing

on a level with and about a hand's breadth from the superior anterior spinous process of the ilium, and ending about one inch from the pubes, and one from Poupart's ligament. Of all these methods M. Velpeau's seems to us the best.

I.—INTERNAL ILIAC.

Anatomical Remarks.—As it quits the common iliac artery on a level with the sacro-iliac symphisis, the internal iliac or pelvic artery also abandons the external iliac, to descend almost perpendicularly into the pelvis. Its outer side is crossed at its origin by the iliac vein, and accompanied in the rest of its extent by the hypogastric vein, which separates it from the psoas muscle and the articulation. The ureter passes usually above it, and a little more anteriorly. To the left the commencement of the rectum covers it at a little distance. It can only be reached in the extent of from one to two inches; this is from its origin to the great sciatic notch.

Operation.—Dr. Stevens, who was the first to practise this operation, first divided the integuments, aponeurosis, and muscles, to the extent of five inches, a little to the outer side, and in the same direction with the epigastric artery; then pushing back the peritoneum from the spine of the ilium to the iliac bifurcation, he isolated the hypogastric trunk with the index-finger, and tied it half an inch below its origin.

M. Velpeau seems to prefer an incision made in the same direction as, and two inches longer than, that advised by Sir Astley Cooper for the ligature of the external iliac. In all methods he recommends the utmost caution respecting the great veins with which the pelvic artery is connected. On reaching the inner edge of the psoas, the veins should be pressed gently aside with the point of the fore-finger, and the root of the artery inclined towards the centre of the pelvis. A flexible-eyed sound is then introduced, and the ligature passed with the utmost gentleness, the veins being so thin as to be readily torn, an accident which is almost necessarily fatal.

K.—COMMON ILIAC.

These arteries are seldom more than from three lines to an inch long. They are placed on the side of the sacro-lumbar angle, and against the inner surface of the psoas muscle. At the right side the vein is external, and then posterior; at the left, on the contrary, it remains to the inner side, and only reaches this after passing beneath the root of the arterial trunk at the opposite side.

This operation has been performed successfully by Dr. Mott, and unsuccessfully by Mr. Crampton. The proceeding to be followed is exactly the same as for the internal iliac, and not more difficult, requiring merely an external incision of somewhat greater length.

L.—ABDOMINAL AORTA.

Operation.—The patient, laid on his back, should have the head, thighs, and legs, moderately flexed, so as to relax completely the parietes of the abdomen. An incision, three or four inches long, is then produced on the linea alba, a little to the left, to avoid the umbilicus, and more of the incision being above than below this part. When the peritoneum is reached, it is divided with a button-ended bistoury, the intestines pushed aside, and the beating of the artery sought for on the spine. The left fold of the mesentery and subjacent cellular sheath are then torn with the nail, the aorta is gently separated from the vena cava, and from the body, or, what is preferable, from the cartilage of a vertebra, the ligature passed in the usual manner, and tied with a double knot, one end cut off near the artery, the other brought through the wound, which may be advantageously united with a few points of suture.

In Sir Astley Cooper's case, the ligature was applied three-quarters of an inch above the common iliacs. M. Velpeau prefers to tie the vessel above the origin of the inferior mesenteric artery, in order to have greater security against the occurrence of secondary hemorrhage.

VIEW OF

BARON ALIBERT'S CLASSIFICATION

OF

DISEASES OF THE SKIN.*

By JOHN PAGET, *M.D.*

(Supplement to Dr. Paget's Essay on the Classification of Cutaneous Diseases, published in the "Edin. Med. and Surg. Journ." for April, and in THE LANCET, *No. 509.)*

IN this supplement I present the English reader with an outline of the natural method of arrangement to which M. Alibert has reduced the diseases of the skin, in the hope of furnishing the reader with information which cannot as yet be obtained from any other source.

In 1806 M. Alibert commenced the publication of a work on cutaneous diseases,

* Condensed from the Edin. Med. and Surg. Journ., July 1833.

containing a series of splendid engravings, but deficient in arrangement and nomenclature. At this period the knowledge of diseases of the skin was at the lowest ebb in France. Somewhat previously, Dr. Willan began the publication of his well-known work on opposite principles. The labours of each were unknown to the other, for war had cut off the communication between France and England. The system of Willan, from its apparent simplicity and certainty, was generally adopted throughout England, and extensively on the Continent; while the work of Alibert was confined to comparatively few.

After having completed the establishment of the species, and their union in genera, M. Alibert commenced a reform in the nomenclature, and a general methodical arrangement. He first promulgated his method about four years since, in his clinical lectures, but it was only last summer that he commenced its publication. Of this work as yet only four numbers have appeared; and some time must elapse before it can be completed, and generally known in England. To supply in some degree the deficiency, this supplement has been drawn up.

In laying down the characters of the groups, I have endeavoured to follow, as far as possible, the author himself. In the first genus I have given each species with its definition, as a specimen of the manner in which the species are formed.

In the original, the title of each group is either French, or reduced to the form of a French adjective. These I have altered to a form more analogous to our medical nomenclature, under the inspection of the author himself.

1. Eczemata.
2. Exanthemata.
3. Tineæ.
4. Serpigines.
5. Cancrodes.
6. Leprodes.
7. Aischrodes.
8. Strumæ.
9. Psorodes.
10. Hæmatodes.
11. Dyschromata.
12. Heteromorphea.

GROUP I.—*ECZEMATA.*

The diseases included under the first group are characterized by acute inflammation of the skin, always accompanied by more or less pain, and generally by redness and swelling. These affections are mostly local in their origin, but the constitutional irritation produced by the eruption is often sufficient to induce secondary fever; they sometimes depend on constitutional disturbance; gastro-intestinal irritation is the most common cause. They occupy every part of the dermatic tissue, from the epidermis to the subjacent cellular membrane. The pain, the peculiar characteristic of the eczemata, may be burning, itching, tensive, pungent, gnawing, throbbing,—indeed, words fail to express its innumerable shades and modifications.

Genus 1st, Erythema.—A disease which shows itself on one or more parts of the integument, by red, inflamed, circumscribed elevations; varying in extent, more or less superficial, and generally terminating in desquamation or slight furfuration (bran-like exfoliation) of the epidermis. Excoriations, and even ulcerations of the skin, sometimes occur.

Species a, E. spontaneum. This species is easily distinguished by the red colour of the skin, disappearing momentarily on pressure, and by the heat and smarting by which it is accompanied. It ends in resolution, with exfoliation of the epidermis. It is frequently attended by slight constitutional disturbance. Under this species are included as varieties, the *erythema papulatum, tuberculatum, nodosum, &c.*, of Willan.

Species b, E. epidemicum. This erythema is principally marked by burning itching, and a very troublesome sensation of pricking in the hands and feet. In some cases the skin is red, as if it had been exposed to the heat of a fire; in others it is black, as if covered with a layer of soot. The epidermis exfoliates, or forms vesications. The constitutional symptoms are unusually severe. This disease reigned epidemically in Paris in 1828.

Species c, E. endemicum, is a chronic affection of the skin, which especially attacks the peasants of the north of Italy, where it is commonly known under the name of *pellagra*. It generally commences about spring, after continued exposure to the heat of the sun, and terminates about the end of autumn. It begins with smarting or itching of the parts most exposed to the sun's rays, as the hands, feet, and face; the skin becomes red, and desquamates about the ninth or tenth day. Small *bullæ* frequently form, which break and become dark scabs. It is very liable to return, and is sometimes attended with severe nervous and cerebral symptoms. There is a variety which is less dependent on the season, called *salsadine*, from the salt taste in the mouth, which the patient experiences in the morning on first awaking. Most of the sensations seem more or less vitiated in this form of the disease.

Species d, E. intertrigo, is that slight inflammation, sometimes with excoriation,

which occurs especially between the thighs and about the external organs of generation. It generally arises, either from the chafing of the thighs in stout persons when walking, or from the contact of urine or *fæces* in children, or paralytic patients who are badly nursed.

Species e, E. paratrimma. This is a diffuse inflammation, arising from long-continued pressure. Two varieties have been formed from the two situations it most commonly occupies. 1*st*. The *paratrimma palmaria*, which affects the hands of certain classes of workmen, and, 2*nd*, the *paratrimma coccygia*, which is so often seen on the back, loins, &c., of bed-ridden invalids, and which so frequently terminates life by gangrene.

Species f, E. pernio. (*Chilblains.*) This disease affects chiefly the extremities, and is characterized by excessive itching and tingling pains, attended with redness, swelling, and sometimes ending in ulceration, or even gangrene.

Species g, E. per adustionem, is that redness which follows immediately on the application of fire to a living body, and which tends to terminate in vesication and separation of the cuticle. The phenomena will, of course, vary in intensity, according to the nature of the substance from which the heat is derived, and the extent to which it is applied.

Genus 2nd, Erysipelas.—This is an inflammation of the integument, occurring on all parts of the body, but especially on the face, arms, and thighs, with an eruption of a yellowish-red colour, rarely of a deep red; this redness disappears momentarily on pressure. There is heat, with an itching, burning, or throbbing pain, often attended with large irregular vesications; tumefaction of the skin, generally extending to the subjacent cellular tissue; and fever primary or secondary. The disease may terminate in resolution, desquamation, suppuration, or gangrene.

Species a, E. exquisitum; b, E. phlegmonodes; c, E. œdematodes.

Genus 3rd, Pemphix.—An inflammation manifesting itself on one or more parts of the integument, by bullæ or vesicles, irregular in size and form, sometimes bounded by a slightly inflamed margin. These bullæ or vesicles, which result from the rising of the epidermis, are filled with a transparent viscous serosity. In a few days they become flaccid and subside; in some cases they burst, and leave the papillary membrane exposed; fragments of the cuticle form on the surface a kind of eschar of a violet red, or black colour. Redness, vesication, and burning pain, are the elementary phenomena of this painful disease.

Species a, P. acutus; b, P. diutinus (*Pompholix diutinus*, Willan). The first species, the *Pemphix acutus*, a febrile disease attended with an eruption of bullæ, and sometimes fatal in a very short time, appears to be the *Pemphigus* of Willan. Bateman, who had never seen this disease, questions the reality of its existence, but M. Alibert and others have seen cases which place the matter beyond a doubt. Bateman, however, was right in saying, that there was no such disease as the *Pemphigus* of Cullen, *Typhus contagiosa*, &c. See Alibert, Gilbert, Rayer, and Cazenave and Schedel.

Genus 4th. Zoster. (*Herpes zoster*, Willan.)—An inflammation with eruption of agglomerate vesicles surrounded by a red, inflamed areola. The vesicles generally arrange themselves in the form of a girdle round one-half of the body, from the spine to the *linea alba*. They sometimes assume other situations, as the side of the neck, in the form of a cravat, or on the knee like a garter, on the posterior part of the trunk, or about the shoulders. The pain is burning and tingling; sometimes shooting, apparently deep-seated, and so severe as to prevent all rest. After some days, generally about twelve, the vesicles dry, and leave red spots on the skin, which eventually disappear.

Species a, Z. acutus; b, Z. chronicus.

Genus 5th. Phlyzacion. (*Ecthyma*, Willan.) A vesiculo-pustular inflammation, commonly appearing on the thighs, arms, fore-arms, and often in the interstices of the fingers, or on the backs of the hands. At first the skin inflames, reddens, and rises in a point; a large pustule soon forms, and fills with a sero-purulent fluid. When the pustule has gone through its several periods, it dries, and forms a brown scab, sometimes of considerable size.

Species a, P. acutum; b, P. chronicum. Under the second species, M. Alibert includes the *Phlyzacion scorbuticum* of some authors, the *Ecthyma cachecticum* and the whole genus *Rupia* of Willan. The latter genus is variously classed by the followers of the artificial system. Bateman places it among the vesicles, and observes, that, but for a difference in the primitive form of the eruption, it might be included among the *Ecthymata*: while Rayer has classed it with the *Bullæ*.

Genus 6th. Cnidosis. (*Urticaria*, Willan.)—An inflammation which extends to one or more parts of the surface, and is marked by an eruption of patches, spots,

blebs, or wheals, more or less prominent, pale in the centre, surrounded by a slight blush of redness, coming on spontaneously, disappearing almost instantly, or remaining for an indefinite period, and accompanied by severe itching or tingling like that produced by the sting of nettles. It terminates by resolution, or passes off with slight desquamation.

Species a, *C. acuta* (*febrilis*); *b*, *C. chronica*. M. Alibert, in his definition of the genus, speaks of the eruption as prominent, or not prominent at the surface; but further on observes, "Le Cnidosis, soit aigu, soit chronique, donne toujours lieu a une éruption sensiblement et visiblement saillante au-dessus de la peau." I have followed the latter description. There are several varieties enumerated of the first species, as the *maculosa*, *tuberosa*, (red swellings, painful to the touch,) &c. &c.

Genus 7th. Epinyctis.—An inflammation of one or more parts of the integument, with eruption of a papular or pustular form, the accompanying symptoms of which (excessive smarting or itching) commence or increase in the course of the night, and recede during the day. The parts usually covered suffer more severely, while in *Cnidosis* the very opposite selection is observed.

Species a, *E. acuta*; *b*, *E. chronica*. The existence of this disease has been called in question by several modern authors. M. Alibert, however, cites two cases from his own observation, which though differing considerably from the disease to which some of the Roman medical writers have applied the name, possess characters which justly entitle them to this appellation.

Genus 8th, Olophlyctis. (*Herpes phlyctænodes*, &c. Willan.)—An inflammation manifested by vesicles, collected into circumscribed patches, appearing on one or more parts of the integument. These vesicles, the bases of which are highly inflamed, fade quickly, and dry about the seventh day. They are followed by scabs or grey scales, which fall off and leave for some time a red skin beneath.

Species a, *O. miliaris* (*Herpesphlyctenodes*, Willan); *b*, *O. volatica* (*Feu de dents ou feu volage des enfans*); *c*, *O. prolabialis* (*Herpes labialis*, Willan); *d*, *O. progenialis* (*Herpes præputialis*, Willan;) *e*, *O. hydroica* (*Sudamina*).

Genus 9th, Ophlyctis. (*Aphthæ*, Willan.)—A superficial inflammation of the mucous membrane, with the formation of vesicles of a white or ash-grey colour, generally occupying the lips, the interior of the mouth, the gums, the tongue, the roof of the palate, the tonsils, or the pharynx. These vesicles sometimes extend as far as the stomach, or even through the whole alimentary canal; they may spread also to the larynx, and down the bronchial tubes. This disease attacks children and adults; it occurs also in the old and debilitated; it is common among certain of our domestic animals. *Ophlyctides* may exist with or without fever; they may terminate by desquamation or ulceration.

Species a, *O. acuta*; *b*, *O. chronica*.

Genus 10th, Pyrophlyctis.—An inflammation which shows itself generally by a vesicle on the surface, containing a purulent matter or an acrid sanies. It excites a pungent or tingling pain, and terminates in a scab or ulcer. This *phlyctæna* is almost always single; it is excessively rare to see many existing at the same time. *Pyrophlyctis* is reputed contagious.

Species a, *P. sporadica* (*Pustule maligne*); *b*, *P. endemica* (*Bouton de Bagdad,—de Bassora,—d'Alep.*)

Genus 11th, Carbunculus.—An inflamed swelling, circumscribed, round, hard, and resistent, which has its seat in the cellular tissue of the skin. It is at first of a livid red colour, it then becomes black in the centre, and, finally, through its whole extent. It is surmounted by one or more lenticular vesicles. It is rapid in its progress, converting the soft parts into a brown or grey slough. *Probably* contagious. It occurs in domestic animals, as well as in man.

Species a, *C. sporadicus*; *b*, *C. endemicus*; *c*, *C. symptomaticus*. — The *Carbunculus symptomaticus* frequently accompanies the plague and other pestilential diseases, but must not be confounded with the buboes which also occur in similar affections. These tumours, unlike the buboes, have no fixed seat; they are frequently observed on the face, arms, thighs, and other parts of the body.

Genus 12th, Furunculus.—An inflammation characterized by a hard, conical, and pyramidal tumour, with lancinating pain, of a dull-red colour, varying in size from a juniper berry to a filbert or a pigeon's egg, terminating in suppuration, with the evacuation of a false membrane or slough. The suppurative matter may escape by one or more openings. In some cases the inflammation is slow; the symptoms are chronic and unattended by pain; the swelling softens, dries, and is covered with a slight scab, without the discharge of any membrane-like substance.

Species a, *F. vulgaris*; *b*, *F. vespajus*; *c*, *F. pannulatus*; *d*, *F. atonicus*.

REMARKS.

"It appears to me," observes M. Alibert, "a point of great importance to col-

lect into one group those alterations of texture which are the primary results of an inflammatory state of the dermatic tissue. The separation of these affections from the *Exanthemata*, properly so called, is of the greatest utility." On this principle have the twelve preceding genera, possessing many positive, and perhaps even more negative characters in common, been grouped together, although they vary as widely as possible in the primitive form of the eruption. Several of these affections have been excluded by former writers on cutaneous diseases, because the subcutaneous cellular membrane is generally implicated; but this M. Alibert considers as a part of the dermatic tissue, and appertaining therefore by right to the dermatologist.

The word *Eczema* has been used throughout by our author in the generic definitions to express the state of inflammation; but I have thought it better to avoid the introduction of this term, as it might be confounded in England with the disease to which Willan, very inaptly, has applied this word.

GROUP II.—*EXANTHEMATA.*

The *Exanthemata* are characterized by eruptions of various kinds, preceded by fever of a fixed duration, which declines as the eruption appears. The eruption goes through certain regular periods, and occupies only a fixed time, when it gradually recedes and ends by desquamation. It is frequently followed by a second accession of fever. These diseases generally occur only once, and are especially observed in the earlier periods of life. The eruption which prevails more or less over the whole body, is mostly marked by redness and swelling; but there is not, as in the last group, the pain of inflammation, though the surface is often tender and irritable.

Genus 1st, Variola.—An acute febrile contagious *exanthema*, characterized by phlegmonous pustules on the surface, which appear between the third and fifth day from the commencement of the fever; then fill with purulent matter, become depressed in the centre and dry into scabs, which eventually fall off, leaving after them spots, depressions, or cicatrices, of various depth and durability. This disease usually occurs only once during life.

Species a, V. discreta; b, V. confluens; c, V. mitigata. Several varieties may exist in the character of the pustules or *varicea*. They may be, 1. *Crystallinæ*, filled with serum only; 2. *Siliquosæ*, flaccid and nearly empty; 3. *Verrucosæ*, hard and slowly suppurating; 4. *Tuberculosæ*, as seen among the negroes of Africa and America; 5. *Gangrenosæ*; 6. *Rosea*, when the swelling and redness are so general that the pustules can scarcely be distinguished.

Genus 2nd, Vaccina.—A contagious exanthema, characterized by large circular pustules, depressed in the centre, prominent at the circumference; surrounded by a red inflamed efflorescence, containing a viscid fluid, which dries and becomes a scab. This scab turns brown, and falls off about the twenty-fifth day, leaving a large reticulated depressed cicatrix. *Vaccina* can only occur once in the same individual.

Species a, V. genuina vel regularis; b, V. abnormis.

Genus 3rd, Clavus.—A febrile exanthema, peculiar to sheep; excessively contagious; characterized by flat circular pustules, which are compared to nail-heads. The pustules, more or less abundant, are chiefly observed on those parts of the skin least covered with wool, as the inner side of the shoulders and legs, about the mammæ and tail, &c. Like *variola* and *vaccina*, this disease only attacks once during life.

Species a, C. discretus; b, C. confluens; c, C. abnormis. This disease, which on the Continent is often fatal to whole flocks, appears to be quite unknown in England. In the midland counties, those best acquainted with such subjects assure me, that they are ignorant of the existence of any disease of this nature, nor can I find any mention of it in works dedicated to the diseases of sheep. It has been fully proved by experiments conducted in the veterinary school of Alfort, that *clavus* can be propagated by inoculation (*clavélisation*), and that this operation prevents the recurrence of the disease.

Genus 4th, Varicella.—A contagious but not severe exanthema, preceded by slight fever, characterized by an eruption of vesicles or pustules, somewhat analogous to those of *variola*. The vesicles or pustules are sometimes distant, sometimes collected together; they are surrounded by a red areola, and generally terminate about the fifth or seventh day, with a slight furfuraceous desquamation, which rarely leaves any cicatrix. The disease occurs only once during life.

Species, V. vesicularis; b, V. pustularis.

Genus 5th, Nirlus. (*Nirles*, of Scotland.)—An exanthema characterized by distinct, prominent papulæ of a dull-red colour, appearing after an ephemeral

fever, never suppurating, but terminating by absorption, or occasionally by desquamation.

Species a, N. idiopathicus; b, N. symptomaticus.

Genus 6th, Roseola.—A fugitive exanthema, which manifests itself spontaneously in one or more parts of the surface, by spots of a rose-red colour, appearing and disappearing in the course of four-and-twenty hours. It is almost always preceded by a slight febrile paroxysm; sometimes there is complete apyrexia.

Species a, R. idiopathica; b, R. symptomatica.

Genus 7th, Rubeola.—An acute febrile exanthema, contagious, marked by an eruption of spots of a bright-red colour, afterwards becoming darker, commencing on the face, and thence spreading gradually over the trunk and extremities, and terminating by furfuraceous desquamation. The disease commences with frequent sneezing, a dry and hoarse cough, lacrymation, and redness of the eyes. It occurs but once during life.

Species a, Regularis; b, R. abnormis. Under the second species may be ranked as varieties, 1. The *adynamica* of Watson; 2. The *maligna* of Morton; 3. The *scorbutica* of Hoffmann; 4. The *nigra* of Willan; 5. The *sine catarrho* of the same author, which Alibert is inclined to consider rather as a variety of roscola; 6. The *dysenterica*, as observed at St. Louis; 7. With inflammation of the brain; 8. The *comatosa* of Heberden; and several others.

Genus 8th, Scarlatina.—An acute febrile and contagious exanthema, characterized by small red spots or large patches of a scarlet colour, often mixed with miliary vesicles. The eruption commences on the face, and, passing from thence to the neck, spreads over the rest of the body; it is accompanied by redness and pain of the throat, and terminates, after some days, by desquamation of the epidermis. It rarely attacks the same individual twice.

Species a, S. simplex vel genuina; b, S. abnormis. The first species includes the *scarlatina anginosa* of Willan, as Alibert considers the sore throat one of the regular and natural symptoms of the disease. Under the second are included all the varieties in which the disease does not go through its stages in a regular manner, from whatever cause the irregularity may arise. Thus we have, 1. The *inflammata*; 2. *Gastrica*; 3. *Mucosa*; 4. *Adynamica*; 5. *Maligna*; 6. *Gangrenosa*; 7. *Parvidea*; to which might be added a crowd of others. The *scarlatina simplex* of Willan and Cullen (*nulla comitante cynanche*), should be enumerated also as a variety of the second species.

Genus 9th, Miliaria.—An acute febrile exanthema, reputed contagious, characterized by an eruption of white or reddish vesicles of the size of a millet-seed, distinct, filled with a serous fluid of a white, red, or purplish colour, bursting the second or third day, and terminating in a scurfy powder.

Species a, M. genuina vel simplex; b, M. abnormis.

REMARKS.

It is scarcely possible to imagine a more beautifully natural family than the one we have just considered. We have not thought it necessary to introduce some peculiar pathological opinions, entertained by M. Alibert on the subject of these affections, ("une sorte de fermentation interne qui a pour but ultérieur la santé de l'homme,") as they do not in any degree affect the principle of the arrangement.

GROUP III.—*TINEÆ.*

The *tineæ* are characterized by the irritation in a greater or less degree of the hairy scalp, with a hyperemic state of its vessels, attended by itching, and a sort of tensive pain more or less violent, as the disease is more or less deeply seated in the dermatic tissue. The proper seat of these affections is always the hairy scalp; and it is only by a kind of *error loci* that they sometimes occur on other parts of the body. They are mostly chronic diseases, proper to infancy and childhood, yielding with difficulty to remedies, and if cured suddenly, generally producing severe constitutional disturbance, but commonly disappearing spontaneously at puberty. The most common exciting cause of this group of diseases, is the want of cleanliness and wholesome nourishment. They are all attended with diseased alteration of the cutaneous secretion, giving rise to morbid products, of a more or less fetid smell, gerally without ulceration or pustulation.

Genus 1st, Achor. (*Porrigo larvalis*, Willan.)—A tinea characterized by thin incrustations, sometimes distinct and separate, sometimes united in extensive patches, having their seat in the hairy scalp, round the ears, the forehead, the temples, the face, and sometimes even over the whole cutaneous surface. These incrustations are the result of an abun-

dant flow of mucosity, which dries and forms lamellæ of a pale yellow colour.

Species a, A. mucifluus; b, A. lacuminosus (*Crusta lactea*).

Genus 2nd, Porrigo.—A tinea presenting itself under several different aspects; sometimes it is marked by small scales, flat or convoluted, developed at the root of the hair, and separated from it easily by scratching; sometimes by brown irregular scabs, friable under the finger, often very hard, resembling the grain of certain plants; and sometimes by simple roughness or cracking of the epidermis, which leads to partial baldness. This affection is accompanied by an itching more or less intense. The scalp is often bathed with a fetid humour, not unlike rancid butter.

Species a, P. furfuracea; b, P. amiantacea; c, P. granulata; d, P. tonsoria (*porrigo decalvans*, Willan).

Genus 3rd. Favus.—A tinea which usually occupies the hairy scalp, although it may exist in any other part of the body. It is characterized by scabs, or rather rounded incrustations, of a yellow colour, alveolar, or cup-shaped, depressed in the form of a honey-comb. These scabs or incrustations are sometimes distinct, sometimes contingent, spreading over a greater or less extent of surface, sometimes united and conglomerate, forming thick round isolated patches.

Species a, F. vulgaris (*Porrigo lupinosa*, Willan); *b, F. scutiformis* (*Porrigo scutulata*, Willan).

Genus 4th, Trichoma. (*Plica polonica* of authors.)—An endemic tinea, generally preceded by pain of the head, and a furfuraceous desquamation of the scalp. It is sometimes characterized by pains in the joints, sometimes by atrophy of the nails, and an extraordinary interlacing of the hair, which is either divided into several rope-like appendages, or united into one solid compact mass, and attended by fetid, or sometimes sanious exhalation.

Species a, T. genuinum; b, T. spurium.

REMARKS.

It may surprise the English physician, to learn that M. Alibert entertains considerable doubts as to the contagious nature of any of the tineæ. A number of experiments have been made at the Hospital of St. Louis, to communicate the disease by inoculation without success; plasters even have been made with the incrustations of Favus, supposed to be the most contagious form, and worn by healthy children for some time without any result which could warrant the suspicion of contagion.

These are certainly strong facts, and as yet we know of none of sufficient authority to overthrow them. I must, however, confess, that I cannot entirely get rid of my former conviction of the contagiousness of certain of the tineæ; but I am too well aware how difficult the subject of contagion is, and how much more prone we all are to be influenced by vulgar prejudices, than by philosophic deductions—let the history of the late epidemic witness to the truth of this assertion—to give anything like a positive opinion on a subject which must still be considered *sub judice*.

(*To be Continued.*)

CASE OF

STONE IN THE BLADDER.

LITHOTRIPSY — DISEASED KIDNEYS — HYDROCELE—INFLUENZA—DEATH.

By Wm. B. Costello, *Esq.*

Early in the present year, the Rev. H. Davis, vicar of Somerton, and a magistrate, placed himself under my care, for the removal of a stone in the bladder. His age was 73; he had been many years a great sufferer, had often passed small calculi, and had been, during the last five years, frequently sounded by different surgeons of eminence; but the existence of a stone, although all the rational symptoms were present, could not be ascertained. When I first saw him, he complained of great pain and frequency in making water; the urine was bloody, and charged with clots; it was also acid, and smelled ill; he had great heat and discomfort in the urethra; his nights were much disturbed. I attempted to inject the bladder, but the irritability was too great; its cavity was small and irregular; the sound could not be moved freely. During the preparatory treatment which I thought it right to adopt, Mr. Davis was attacked with gout, which continued to worry him for nearly two months, and several times threatened his life; but convalescence at length put an end to our fears, and the preparation for the operation was resumed. There was a hydrocele, with which I had resolved not to interfere, till the first sitting had taken place. On the entire subsidence of these symptoms, a little time was allowed to elapse before operating, during which, though in tolerable health, he was continually tormenting himself with the idea, that the delay was occasioned by my reluctance to undertake his case.

The first sitting at length took place; the stone lay immediately beneath the

neck of the bladder, and was difficult to seize; the instrument was turned, so that its convexity corresponded with the symphisis of the pubes; in this position the stone was grasped; it measured better than an inch, and yielded under ten or a dozen strokes of the hammer; several of its fragments were subsequently broken. Three weeks were now suffered to elapse, during which he voided a great quantity of fragments. At the second sitting, the irritability of the bladder had so much subsided, that the injection was carried to six ounces: when I first saw him, he could retain only two. This circumstance is worthy of remark. It is not unusual to observe, when the bulk of the stone is once broken, even though it be still retained, that the irritation which it produced on the bladder is modified in such a degree, as to leave the patient in a state of comparative comfort and freedom from suffering. The urine had become natural, and free from smell. During a month no sitting was held; fragments of stone were voided from time to time, and so correctly used he to predict their coming away, that at his own request he was not interfered with. During this interval I operated for his hydrocele, the volume of which had become very considerable. In connexion with this subject, I ought to observe, that the instrument in descending the urethra was twisted, now on one side, now on the other, showing that there was a deviation from the natural course of the canal; this deviation began behind the scrotum, and continued in a serpentine manner to the end. The same anomaly of direction obtained in this instance, as in the lateral distortion of the spine. The deviation of the vertebral column begins in the lumbar region, and is propagated in increasing curvatures till it reaches the thoracic and cervical portions; in the same manner, the tumour of the scrotum throwing the urethra out of its natural course, it proceeded in a zigzag line into the bladder, where this disposition was still kept up by an anormal state of the prostate; to be noticed hereafter.

At the third sitting I discovered a stone in a cell on the right side of the bladder, and could distinctly feel the border of this sacculus; in order to lift the stone out of this cavity, it was only necessary to depress its border; it measured nearly as much as the first calculus. When firmly held in the instrument, I endeavoured to crush it by the mere force of my hand, but it would not yield; I was obliged to have recourse to the hammer. From the commencement of the operation, Mr. Davis had been in the habit of taking his daily walk; his general health improved progressively. The spasm and straining had entirely ceased, and many fragments of such a size now came down, as to be stopped at the orifice of the urethra, from which I used to extract them with a small forceps.

In the beginning of April he was attacked with influenza, the symptoms ran high, but he gradually recovered. On the 29th of April, I went, accompanied by Mr. Malyn, to hold another sitting; the injection was seven ounces; the stone was quickly seized and broken; the operation was productive of little or no pain. On the 3rd of May I went to hold another, and, as I expected, a final sitting. I found him with the symptoms of influenza returned, and languid; he had been for a walk, and complained of lassitude, with pain in the region of the right kidney; pulse undisturbed; tongue white; inappetency; operation not performed. Next morning he had a rigor; when I saw him he was perspiring profusely; cough distressing; spittal of a greyish yellow, and divided. Ordered mixture, with *lactuca sativa*. In the evening he was better, the pain in the loins had disappeared; tongue clean; inappetency.

Sunday. Cough better; slept well. Ordered him not to get up. In the evening the rigor returned; feverish; pulse intermittent; irregular; now strong; now feeble; great difficulty of expectoration; spits thicker, and becoming rusty; great debility. Consulted with Dr. Chambers. Ordered external and internal stimulants; sinapisms to the chest, and carb. ammon. mixture every three hours.

Monday. Better, except the spitting; pulse has become steady; the spits are more rusty; remedies continued. Evening, still better.

Tuesday. Pulse steady; had no wandering in the night; perspired profusely; no pain anywhere; had some jelly and wine, which he relished. In the evening rigor returned; wandered in the night; spits streaked with blood; urine high-coloured. Sulphate of quinine, wine, and jelly.

Wednesday. Pulse steady again; felt better in every respect; felt a desire to eat; beef broth, sulphate of quinine, jelly, and wine. Evening, no rigor; has slept from time to time during the day; pulse not so steady; there are one or two beats in the usual rythm, followed by five or six precipitate beats, and then an intermission. He has had, after drinking, a sob or two of hiccough.

Thursday. Very languid; spits rusty, dark, streaked with blood, and smelling badly; urine high-coloured and very scanty; pulse feeble, irregular; now and

then a sob of hiccough. Evening; had slept tranquilly part of the day; pulse miserable.

Friday. Pulse tumultuous; mucous rattle in the bronchii; cold perspiration. He expired without agony at half-past eleven o'clock.

The operations had been observed by Mr. Chapman, Dr. Browne, Clot-Bey, Messrs. Hunt, Davey, Langley, Malyn, Colling, T. Costello, &c.

Autopsy.

On Tuesday, 14th May, a post-mortem examination was made in the presence of Messrs. Costello, Thomas Costello, and the undersigned.

External Appearance.—The body had not wasted, but was plump. Owing to the extreme heat of the weather, and to the time that had elapsed before the body was opened, there was considerable emphysema under the integuments of the thorax and in the cellular tissue of the scrotum. The abdomen was swollen and rendered tense by the meteorization of the intestines. A sanguineous serum was issuing in quantity from the mouth and nostrils, caused by the pressure of the intestines on the diaphragm, which thus forced up the effused serum from the cavity of the thorax.

Thorax.—The lungs (the right one in particular), at their roots or thickest parts, were hepatised. In the right lung the engorgement had proceeded to inflammation and softening of its parenchyma; the finger penetrated its structure with ease, and small portions of it, when cut away, sunk in water. The bronchi were loaded with secretion of a dark and rusty colour, and the lining membrane itself was inflamed. There was considerable effusion of bloody serum in both cavities of the pleura, and, in the right one, it might amount to nearly a pint.

The heart was natural, and covered with fat. The pericardium contained about an ounce of serous fluid.

Abdomen.—The stomach and colon, very much distended with gas, were natural. The small intestines presented on their surface a few dusky patches.

The liver, spleen, and pancreas, were in their normal state.

The right kidney, deeply embedded in fat, was more than thrice its natural size. Its parenchymatous structure was altered in three-fourths of its entire extent; colour, a dusky brown. Consistence, that of a softened spleen. It was almost as unresisting to the finger as jelly, and broke down on being gently pressed. It contained a small, irregular-shaped calculus. The membrane lining the renal portion of the ureter, was inflamed; and the ureter itself was dilated.

The left kidney was smaller than natural, very dark in its colour, and, instead of being plump and shining, appeared shrunken and flabby. Its structure was not so disorganized as that of its fellow. It contained three calculi, which, unlike ordinary calculi that are round or oval, were moulded on the partitions of the calices, and which, when removed, seemed as if they had been deeply notched with a file. The membrane lining the pelvis of this kidney, was, in like manner with that of the other, inflamed. The urine squeezed out of it was very high-coloured.

The bladder was thickened. On its left side its wall projected so far into the cavity of the organ as to prevent a sound from passing in a straight line from the neck of the bladder to its posterior or sacral portion. This projection was supported (perhaps it would be more correct to say produced) by a fatty and cellular mass, which lay between the bladder and the side of the pelvis, and it divided the cavity of the organ nearly equally. Its floor was studded with cells. The mucous membrane was quite healthy, and, with the exception of the small cavities, its surface might be described as being more corrugated than columnated. The posterior part of the cavity of the bladder, or that part of it which lay behind the projection which has been described, contained a calculus, of which, part of the side had been broken so as to show its polished nucleus at the depth of about three lines from its outer surface. This calculus was about the size and shape of an almond nut. There was also with it a small fragment of the size of half a pea.

The prostate gland was simply increased to twice its natural size (the patient's age being considered), without having undergone any alteration of structure. Its posterior or third portion projected to the height of half an inch, into the cavity of the bladder, and, oddly enough, exhibited an abrupt diamond shape.

The verumontanum was large, and the sinus pocularis before it, deep; a condition of the urethra which, taken in connexion with the state of the prostate, will sufficiently account for the peculiar zig-zag course the instrument described whenever it was passed into the bladder. The remainder of the urethra was free and healthy.

The left tunica vaginalis contained about half a pint of straw-coloured serum. This cavity, the seat of hydrocele, it appears, had been twice tapped by Mr. Costello during the time the patient had been under his care.

Reflections.

A review of this case presents some points of considerable importance, and which ought to be borne in mind, when, in future cases, we venture to determine on the merits of lithotrity.

On Monday, April 29th, the undersigned was present at the last operation that Mr. Costello performed on this patient. It was a dexterous and effective operation, speedily accomplished, and that, too, with so little disturbance to the patient, as to call forth from him some gratifying observations on this beautiful adaptation of mechanical means to the relief of human suffering.

On the succeeding Friday it was expected by those in attendance, that another, and, perhaps, final operation, would be performed. Mr. Davis, however, expressed an apprehension that he had "taken a little cold," and on this account Mr. Costello wisely determined to postpone it. It is said "wisely determined," because, had the operation been performed (and there was nothing to forbid it), it would have been unjustly confounded with, and considered as one of the circumstances at that time in commencement, and under which the patient afterwards sunk. The sudden and complete prostration which Mr. Davis experienced from natural causes, on the evening of the day when the operation had been contemplated, emphatically impresses on us this useful truth, that it is unwise to hazard the credit of a novel remedy, when there is the slightest disturbance in an old and nearly-exhausted constitution; for if, from other causes, death speedily follow the application, the event would, from the proneness of the human mind to combine circumstances which have no relation with each other, be considered by many as having been accelerated by, if not altogether, the consequence of that remedy.

The peculiar arrangement of the bladder demonstrates, that the instruments commonly made use of to explore the bladder, cannot be of universal application; and it points out the indiscretion of affirming the non-existence of a stone, until we have correctly ascertained the condition of the organ, and adopted a mode of examination suitable to the case. In the present instance it is evident that a sound of the common form, would, by reason of its curvature, fail to detect a calculus. When introduced into the bladder, its convexity would be applied to the promontory described, and to the rims of the sacculi; but, below these points, stones of considerable size might be imbedded, and they would then never be brought into contact with the instrument.

It is obvious, if this patient had not been attacked by the prevailing epidemy, that his life could not have been prolonged for any length of time; on account of the disorganization which the calculi in his kidneys were slowly but surely producing. It is equally obvious that, having been attacked by influenza (leaving his advanced age entirely out of the question), his power of resisting the influence of that affection on the constitution, was diminished by the degree and extent to which the alimentary function of the kidneys was impaired.

Finally, judging from the quantity of broken calculi that had been voided, and the single small one that remained, it is but justice to admit, notwithstanding the enlargement of the prostate, the projection of its third lobe, and the irregular form and cells of the bladder, that the operation, so far as it was concerned, was completely successful; and that this case, far from detracting from the merits of lithotrity, is a triumphant confirmation of its value.

(Signed) J. Malyn.

Duke Street, Westminster.

MONSTROSITY.

To the Editor of The Lancet.

Sir,—The subject of monstrosity having of late engaged a large share of public attention, I have done myself the pleasure of forwarding you a case of great singularity, for insertion in The Lancet.

In the month of September last, I was called in by a midwife to remove a portion of the placenta from the wife of Abraham Webb, a labourer, residing in the parish of Combs, in this county. The woman had lost a great quantity of blood, and was much exhausted. Having accomplished my object, the midwife presented me with the contents of the uterus, which had been expelled before my arrival. They consisted of two children, in a state of decomposition, one funis and one placenta, much lacerated. One of the children was perfectly formed, both externally and internally; the other presented the following appearances, which, both in form and size, are well preserved in the annexed sketch, which was made by my partner, Mr. Edward Bryan.*

The monster is perfectly headless. A large umbilical hernial sac contained a great proportion of the intestines. The feet were inverted. The upper extremities

* For convenience the sketch has been diminished very considerably in the engraving.—Ed. L.

were without clavicles, and the carpus was articulated at nearly right angles with the radius and ulna, thereby giving to the hands very much the appearance of feet.

The internal organization of the fœtus was as defective as the external. It was dissected by Mr. Bryan, and the following is his description of the appearances:—

"It possessed neither head, heart, lungs, liver, stomach, spleen, nor pancreas. There were also absent the two superior cervical vertebræ, sternum, clavicles, and the cartilages of the ribs. The intestinal canal commenced by a cul de sac, and terminated in the usual way, gradually increasing in size from the commencement to the anus. Its convolutions were principally contained in a large umbilical hernial sac, with an extensive mouth. The uterine system and the urinary organs were perfect. The kidneys were unusually large.

"The funis, of which only about two inches remained attached to the umbilical sac, possessed two vessels, one an artery the other a vein. These vessels took the course in which the right umbilical artery would have passed had it existed.

"An idea of the arterial system of this lusus naturæ may be found by referring to the diagram. *a*, Artery of the funis; *b*, right femoral artery; *c*, left common iliac; *d*, aorta passing upon the left side of the spine, and bifurcating superiorly, to supply the upper extremities; *e*, *e*, arteries to the kidneys; *f*, ten minute arteries passing to a small mass which I know not how to name. It is situated at the superior part of what ought to be the left cavity of the chest; it consists of dense cellular tissue, intimately connected with the tissues of the parts with which it lies in contact.

"The dotted lines represent the principal venous trunks converging to form the vein of the funis, *g*. With regard to the circulation, I much regret not having been able to ascertain to what the funis of the acephalus was attached, but the power which carried on the circulation must have been extra-fœtal.

"There were five cervical vertebræ. The posterior arch of the uppermost of these was elongated, and roofed in the vertebral canal; and over this arch of bone there was an aponeurotic expansion given off from the muscles of the back and neck, which perfectly closed up the spinal canal, and gave to the whole a rounded and finished appearance.

"There was no portion of medulla oblongata, nor any portion of Bell's respiratory tract. The medulla spinalis was regular, giving off its anterior and posterior fibres in the usual manner; except that the nervous fibrilli arose from the medulla, as though the centre of emanation of the nervous influence was situated about the middle, i.e. superiorly. The fibres passed upwards to make their exit from the vertebral canal. At the middle they passed horizontally, and, inferiorly, downwards. The brachial plexus was formed on each side by the five cervical nerves."

I remain, Sir, yours very respectfully,

JAMES BEDINGFIELD.

Medical School, Stow-market, Suffolk,
July 11th, 1833.

THE LANCET.

London, Saturday, July 13, 1833.

WILL the Apothecaries Act Amendment Bill pass in the present session?

This question is in the mouth of every medical practitioner. In those instances where it is proposed from mere curiosity, its solution becomes a matter of little importance. But when it is asked by gentlemen who have suffered the persecutions of the Worshipful Company of Blackfriars Bridge, the answer is anticipated with feelings of no ordinary anxiety. Without doubt a *negative* reply must now be furnished to this inquiry. The Relief Bill will not pass during this session of Parliament.

Are *we*, then, disappointed? No. On the contrary, we are rejoiced that the question has been agitated with so much effect in the House of Commons,—an effect, indeed, which will be as influential with the Worshipful Company, as the passing of the Bill. For, will the executive department of that chartered body dare, under its present ban,—under the sentence of condemnation which has been passed on it by the full recognition of the *principle* of the Amendment Bill,—to repeat their prosecutions against the qualified members of the medical profession—leaving, as they have done, the odious, notorious, quacks, wholly untouched? In truth, without being nominally in possession of the emancipatory law, the hitherto-persecuted-and-restricted parties, will be placed in the full enjoyment of all those privileges which the Amendment Bill was avowedly designed to confirm.

The gain, then, to the liberal and just portion of the profession, is by no means inconsiderable. Of course, our satisfaction would have been greater had their rights been *confirmed* by legal statute, instead of being merely *acknowledged* by the Government; but the recognition of the *principle* of the Bill in both Houses of the Legislature, will infuse a warning into the minds of the Worshipful Company, which will not be forgotten, or pass unheeded, by that body. Who were made the victims of the Act of 1815? The graduates of the Scottish Universities, the Fellows of the Irish Medical and Surgical Colleges, and the members of the London College of Surgeons, if they presumed to dispense and supply the medicines prescribed by themselves in any part of England or Wales. Nor were these the only gentlemen on whom the iron hand of the monopolists so rudely fell. Will the Company, then, persist in its unwise, unjust, and scandalous persecution of legally-qualified members of the profession, now that the House of Commons, almost with one voice, has acknowledged that the parties against whom these harassing proceedings have been levelled, are fully entitled, in conformity with every principle of justice and sound policy, to exercise all the privileges of licensed medical practitioners? It was pithily remarked by one honourable member, "that medical men "holding diplomas cannot be placed in a "higher rank, or considered better qualified to cure the sick, merely from having paid six guineas for a license to sell "medicines to a Company of Retail Druggdealers. As well might it be contended, "that a man by selling patent medicines, "derives from that circumstance enough "of medical knowledge to neutralize the "qualities of the poison which he distributes to his customers. In a word—"are the quack medicines sold by an unlicensed vender, inferior in quality to "those which are disposed of by the "holder of the two-guinea stamp from Somerset House? for, as to the 'examination' instituted by the Worshipful "Company, it is a mere farce. It is a

"mere pecuniary examination into the "pocket of the student."

Unquestionably, our satisfaction would have been of a more decided character had the Amendment Bill become law with those alterations in it which we indicated as essential to its becoming a salutary measure. Still, however, we have achieved enough in the form of position to ensure victory on another occasion, and the delay will only add to the brilliancy and extent of the conquest. The proceedings, the powers, the knowledge, aye, and the ignorance, too, of the Worshipful Company will now undergo a searching scrutiny. Nor will the examination into the sink of medical corruption terminate with the last dregs to be found at Rhubarb Hall. Every medical corporation will be submitted to scrutiny. The old and musty charters will be unrolled, and those documents which were granted for the benefit of the few to the injury of the many, will give place to others, in which an opposite and a far more just principle will be fully recognised and acted upon. We mean not that those rotten instruments will be crumbled into powder, and swept into the kennel, but that they will be rendered odious, and, what is still better, they will remain inoperative through the instrumentality of better laws, to be enacted by better and wiser men than were the kings and ministers who sanctioned and confirmed the vile statutes under which the knavish men of the profession have become rich, and the honest, poor.

Without questioning the purity of the motives which have actuated the Committee of the House of Commons in resolving not to proceed with the inquiry at present, because, as they state, the conflicting interests are so many, and the difficulties are so great, they must pardon us when we express a doubt of the soundness and propriety of their decision. Instead of checking them in their career, the discovery of the difficulty of "conflicting interests" should, according to our view of carrying on a warfare against chartered corporations, have urged them onwards with tenfold resolution and activity. It obviously was desirable to make an early practicable breach in the out-works of the corruptionists; to damage their batteries and *cut off their supplies*. This last-mentioned object accomplished, nothing further would be heard of the opposition of the Worshipful Company to improvements in medical law. The committee should have discovered that it was a failure of duty to desist from trying to get *any* portion of relief, because *all* that was wanted could not be obtained. Viewing this bill as containing the germs of relief to those who ought not to be oppressed by the Company, it would have so decidedly "cut off the supplies," that the old gentlemen would have felt little disposed to take any further concern in matters relating to the policy and discipline of the profession. Shorn of the privilege of prosecuting the diplomatists of the English and Scotch universities, they would not, we presume, for the mere sake of employment, enter upon a duty which they have hitherto appeared to spurn,—that of ridding society of pestiferous quacks. In congratulating the Worshipful Society on the relinquishment of their onerous prosecutions of medical practitioners whose higher qualifications and titles appeared to be the only incentives to the vengeful proceedings instituted under the Act of 1815, we can assure the worshipfuls that their powers have not been questioned from mere caprice, or from a feeling of impatience under well-devised legal authority, but from a conviction that their Act of Parliament is an odious, iniquitous measure, and that it has operated most ruinously towards hundreds of eminent, well-qualified practitioners.

The circumstances under which the

Committee of the House of Commons have proposed to relax at the present stage of their inquiry, were not stated quite so fully by our correspondent at the conclusion of our last Number as was desirable. There were limitations in the proposal of the Committee which made that proposal as judicious as the unconditional approval of a Royal Commission would have rendered the offer reprehensible. The Committee stipulated, and with great propriety, that before abandoning their powers, a list of the *names* of the individuals whom Government intended should constitute the Commissioners, should be submitted to their consideration,—the Committee thus reserving to themselves the power of continuing their own functions, if they deemed the proposed commissioners objectionable parties. This was acting circumspectly. It was, in short, saying to the Government, —"We have no objection to a Royal Com-"mission, if ministers will undertake its "appointment. We fear not ministers, "whose intentions we believe to be strictly "honest; but will not allow our powers "to be usurped by a *Halford* commission. "There is a secret bulletin-signer at the "elbow of the KING, whose influence we "deplore, whose authority we spurn, "whose opinions we despise." Thus,—should Government decline to act on this suggestion, and should they not appoint Commissioners who shall be approved by the Committee, the Committee is prepared to act on a second proposal, namely, to solicit from Parliament precisely that extent of authority for themselves which they are willing to see conferred on *proper* Commissioners, at the same time appointing Mr. WARBURTON, chairman of their body.

Under the protection of the shield thus raised by the committee, a commission might work well, and might not prove so ruinously destructive to liberal principles as it undoubtedly would prove were it constituted in conformity with the secret influence exercised within the palace.

After having given all due weight to the recommendation of the committee,—after having investigated the various subjects under inquiry, after having patiently considered what may be the result of a scrutiny conducted by commissioners, and an investigation before a committee of the House of Commons, pushed into the last recess of the corruptionists, under the able and resolute guidance of Mr. WARBURTON, we feel ourselves called upon to give a decided preference to a Parliamentary committee, and to express an earnest hope that a commission will not be appointed.

The first duty, however, of the investigating body, whatever form that body may assume, should consist in collecting all the Charters and Acts of Parliament under which the members of the medical profession in Great Britain and Ireland are now governed, or, rather, misgoverned. An examination—we mean, of course, a *bona-fide* examination of these documents, would prove that medical law is a piece of irregular, unsightly, patch-work that, in its construction, local, and not general, interests have been consulted; and that every portion of it has been framed to suit the sordid views of the few individuals who have had the control of the executive departments, rather than to confirm the respectability and the utility of the mass of the profession, and of diffusing, more widely and beneficially, a knowledge of medical science. Thus it will be found, that the College of Physicians has exercised privileges that are not enjoyed by the College of Surgeons, and *vice versâ*. Again, that the powers of the Apothecaries Company of London are altogether incompatible with the privileges enjoyed by the Apothecaries Company of Dublin. Further, it will be found that a gentleman who may legally practise as a

physician or surgeon in Ireland or Scotland, would be liable to prosecution, fine, and imprisonment, for practising as the humblest apothecary in any part of England or Wales, and that even the Fellows of our own College of Physicians—the men who, with aristocratic pride and conceit, cling with unabated folly and perseverance to the narrow-minded—we had almost said ecclesiastical—powers conferred by their own musty charter—these men, who pique themselves on their elevated rank, on their high distinction—cannot, without subjecting themselves to a penalty of twenty pounds, mix in a mortar, and forward to a patient, the least important remedial agents, which they may find it to be a duty to prescribe.

What we want then is, an amalgamation, a blending, of medical interests; an uniformity of medical law. How is this to be accomplished? Surely, not by plastering up a few of the decayed portions of the old and tottering colleges and halls; but by founding a new institution in the capital of each of the three departments of this great monarchy,—the three institutions to be governed on precisely the same principles; the examinations for the diploma of all three to be conducted on precisely the same footing, and the instruments to be obtained as the reward for success in the scrutiny, to entitle the holders to practise any, or all the branches of the profession, in any part of the United Kingdom of Great Britain and Ireland.

The full operation of this scheme would, amongst other improvements, necessarily extend to a remodelling of the medical government of all our great chartered hospitals,—institutions which are now rendered entirely subservient to the interested intrigues of the gangs of medical monopolists.

Since the foregoing article was written, we have found the following notices in the printed paper of "Votes and Proceedings of the House of Commons" for the 9th inst:—

"Apothecaries Bill,—Resolution reported; 'That, before any bill to amend the laws for regulating the practice of apothecaries throughout England and Wales shall be passed into a law, it is desirable to inquire more fully into the subject than can effectually be done during the present session of Parliament.'

"Mr. Warburton,—Committee to inquire into the laws and regulations affecting the education and practice of the members of the medical and surgical profession in the three kingdoms. [*Early next session.*]"

We perceive by a report in the *Liverpool Chronicle* of the 6th inst., that an inquiry of a most extraordinary kind has recently occurred at Liverpool. On Tuesday sennight a Meeting of the Trustees of the Infirmary in that town was convened by advertisement, "for the purpose of consi-dering the Report of a sub-Committee which had been appointed to investigate a subject materially involving the interests of that Institution, and the proceedings consequent thereon." This subject involved a serious accusation against one of the medical officers, Dr. Baird. The assemblage was exceedingly numerous; the discussion warm and protracted. But on what charge against Dr. Baird do our readers think these gentlemen sat in judgment? On what *charge*, did we say? Why, *literally*, there were no accusers! A *rumour* having reached the ears of the Committee of the Infirmary, that Dr. Baird had taken advantage of his profession as a physician to conduct himself improperly towards a young woman, one of his private patients, —not a patient of the Infirmary—the Committee, without questioning either the girl herself, or her parents, *unanimously* appointed a sub-Committee to "investigate the circumstances."—*What* circumstances?

This sub-Committee consisted of three persons; the Rev. Mr. MONK, a Mr. GIBBON, and a Mr. RIPLEY,—an extraordinary selection, truly, so far as the first gentleman is concerned, it having subsequently come out, on the Rev. gentleman's own admission, that *he was the individual who first made the rumour known to the Committee*! Thus this individual, who originally assumed the character of accuser—if accuser there were *any*—before the Committee of Trustees, was to form one of a sub-Committee of three, on whose *impartial* Report the General Committee of Trustees were to adopt their ulterior proceedings! This was out-heroding Herod! On viewing this arrangement, it is impossible to believe that there was not from the very outset, a most improper and illiberal bias in the minds of certain parties against Dr. BAIRD! What ought to have been the language of the Rev. Mr. MONK on its being proposed that he should form one of the sub-Committee? He should have said, "No, gentlemen; you "must excuse me. I have felt it to be "my duty to make the rumour known to "the Trustees, and having done so, mo- "tives of delicacy demand, that I should "not further interfere in the matter." But what was actually the language of the Rev. Gentleman during the latter part of the discussion at a General Meeting of the Trustees, which took place on Monday se'nnight? We quote from the Report in the *Liverpool Chronicle*.

"The Rev. Mr. MONK said that *he* was "the individual who made the statement "to the Committee. There was no at- "tempt at concealment on his part. He "heard it from good authority, and being "friendly to Dr. Baird, he did not state "particulars in the Committee, knowing "that if he did so the report would be "spread about the town to the injury of "Dr. BAIRD'S character. *He and the "other two gentlemen* were named as a sub- "Committee, *as being the parties who knew "the nature of the case*!! He declared that "he was actuated throughout by friendly "motives to Dr. BAIRD."

What an outrage on common sense, decency, and every feeling of justice, doe this declaration involve! And this was a sub-Committee on whose report the ulterior proceedings of a General Committee were to be founded! The violation of propriety, characteristic of such a proceeding, is absolutely frightful. "*Knew* the nature of the case?" Why we had thought that the Rev. Gentleman was appointed to *inquire into* the nature of the case; instead of which, the Rev. Gentleman and his two worthy colleagues were appointed to investigate, after, according to their own declaration, they had a knowledge of the subject which was to be examined. They *knew* first, and *inquired* afterwards. Of all the individuals constituting the twenty-four, who agreed unanimously that the rumour against Dr. BAIRD should be made matter of reference to a sub-Committee, it is more than probable, from the admission of the Rev. Mr. MONK himself, that the three who were selected to form that sub-Committee, were the three least eligible to discharge the duties of that office. But let us go back, and briefly trace the steps of this extraordinary, this outrageous, proceeding.

A young woman, ætat. 21, having been ill two years, became a private patient of Dr. BAIRD. She was extremely debilitated, menstruating irregularly, with frequent desire to void her urine; her legs and feet were œdematous, the veins of the right leg being varicose. She complained, at the same time, of pains in the hip and thigh. After a protracted treatment, a more minute examination was proposed by Dr. BAIRD, and readily assented to by the patient. A day or two afterwards, the girl happened to mention to the wife of a lodger in her mother's house, that she had been to a doctor's, and had been examined; and the nerves of this sensitive and delicate Dame became terribly shocked, and she exclaimed,

"Oh, how could you do so! you must have wished it yourself;" adding, that she should mention it to the girl's father. The girl feeling and knowing that nothing wrong had been done, told her parents what the busy-body had said. The father, irritated by this officious, if not vicious, personage, called upon Dr. BAIRD. Not finding Dr. BAIRD at home, he repaired to the residence of Dr. GRINDROD, who not feeling himself capable of answering the queries of the father respecting the professional conduct of another physician, referred him to Mr. MINSHULL, who had previously attended the girl in a surgical capacity. Dr. BAIRD, on hearing of these movements, went instantly to Mr. MINSHULL, and requested that gentleman to go with him to the family, that a full explanation might be demanded and afforded. Mr. MINSHULL appointed six o'clock for the visit, when Dr. BAIRD, having waited in vain for the arrival of Mr. MINSHULL until half-past six, went alone to the parents of the young woman. A brief explanation induced father, mother, and daughter, to express themselves as perfectly satisfied with Dr. BAIRD's conduct; and what find we even in the report itself of the three gentlemen who *knew* the case before they began to *inquire*? Why, that they had waited on Mr. MINSHULL, who informed the sub-Committee, that *after* Dr. BAIRD's visit to the girl and her parents, he had himself seen these parties, and that they had expressed themselves as being quite satisfied. Why then were the members of the sub-Committee not satisfied? Why did they proceed a single step further, after finding that the rumour must have had either error or calumny for its basis? These are questions which can be answered only by the Rev. Mr. MONK, who *knew* the case before it was *inquired* into. We must return for a moment.

Such a statement was made to the general Committee respecting the professional conduct of Dr. BAIRD in his private practice, as to induce the members thereof to agree unanimously to the appointment of a sub-Committee to "inquire into the circumstances." We have already explained of whom this sub-Committee consisted, and what find we in the report of these gentlemen, confirmatory of the charges first made to the general Committee? Not one word. The whole charge in that report—the resolution of the general Committee founded on the report—both are made to rest entirely upon some alleged expressions which fell from Dr. BAIRD at his first interview with the sub-Committee. On Mr. Monk and his colleagues announcing to Dr. BAIRD that they had been appointed to inquire into his conduct during an examination of one of his female patients, the Doctor gave an explanation of the professional motives by which he was influenced, whereupon these unprofessional gentlemen, together with the non-professionals of the general committee, were pleased to resolve, that the purposes for which the examination was instituted, were "wholly unconnected with the complaint for which his professional services were required!" In answer then to this imputation upon Dr. BAIRD's practice and motives, let us insert the testimonial of as truly a respectable physician as is to be found in England, and a resident, too, in Liverpool:—

"Liverpool, 6th June, 1833.

"I do hereby certify that on the 23rd of May last, I saw *J*, *P*, *V*, at Dr. Baird's house in Duke-street, when I made a particular examination respecting the state of her health, and am satisfied that if the symptoms of her disease were the same at the time I saw her, that they were at the time she was first examined by Dr. Baird, this gentleman could not have prescribed with satisfaction to himself, with safety to the patient, or with the prospect of doing all that the case required, without making the examination which he did.

(Signed) "JAMES CARSON, M.D."

What then becomes of the resolution of the sub and general Committees? What

becomes of the decision of these non-medical arbiters of medical practice—"that the examination of the patient was "instituted for purposes wholly uncon-"nected with the complaint for which his "professional services were required?" Why it will not only be scouted by medical practitioners in every part of England, but forty-nine out of every fifty gentlemen not resident in Liverpool, will probably be of opinion that the sub-Committee should be indicted by Dr. BAIRD for a conspiracy, and that the most active members of the general Committee should be prosecuted by him for libel.

Now, let us take another view of this question. We will admit that the mind of Dr. BAIRD, during part of the time that the extremities of the patient were under his examination, was engaged in investigating a point unconnected with the disease before him, but one, nevertheless, of deep pathological and forensic interest. Is he *therefore* to be accused of levity, of obscenity, of indecent and immoral conduct? Is not a man to think of the eye while he is engaged in treating a disease of the nose? Is not a man to think of the functions of the bladder, while he is engaged in treating a disease of the kidneys? Why, according to these infirmary wiseacres, the immortal HARVEY, while engaged in bleeding a female in the arm, would have been deeply culpable for bestowing a moment's thought on the circulation of the blood through her uterine system! Here then we take the case according to its worst form. We take it, blackened and beslimed with the foulest suspicions of these non-medical inquirers into medical practice. We admit, for the sake of argument, that Dr. BAIRD was engaged in investigating a subject, a want of the accurate knowledge of which has led to a sacrifice of some of his fellow-creatures. Was he then criminal? For, observe, the charge of immorality is confined to the fact of the *examination* itself. There was no rumour whatever of general levity; no insinuation that œdematous extremities, varicose veins, and a diseased foot, had inflamed the desires of a man of taste and education. But nothing can satisfy the non-medical conjurors of the Committee, because, as they allege, Dr. BAIRD wished to ascertain a fact which *they* thought was unconnected with the girl's complaint. Gracious powers! if such a system of *espionage* as this over medical practitioners is to obtain, where is to be found the man who will be so regardless of his own honour, so indifferent to his reputation in society, so utterly callous to the feelings of his dearest connexions, as to undertake the treatment of the sick at his own habitation, much less to plunge into the abyss of ruin presented by the "receiving room" of a public hospital. If the Committee of the Liverpool Infirmary be not lost to every sense of manly feeling, their cheeks will crimson with shame while they peruse the following passages, extracted from the recently-published work* of an eminent physician, Dr. O'BEIRNE of Dublin. A momentary glance has disclosed them to us. There may be others equally apposite, but these are amply sufficient for the purpose we have in view. Here is an answer to the very worst suspicion of the non-medical inquirers, even if the suspicion were founded in truth. Dr. O'BEIRNE having, in a previous paragraph, dwelt on the effects of the operation for the cure of *fistula in ano*, and on the results of the venereal and other ulcerative processes, observes at page 6,—"Seeing the forcible nature of "the foregoing facts, and anxious to test "the inferences drawn from them, I have "been led to examine the *rectum* of a num-

* New Views of the Process of Defecation, &c. &c. By James O'Beirne, M.D., surgeon-extraordinary to the King. Hodges and Smith, Dublin; Longman, London. 1833. 8vo.

"ber of *healthy* persons (healthy, at least, "as far as the bowels were concerned) at "different times in the same day, in order "to ascertain its actual state, and, as "nearly as possible, the time and manner "in which it is filled." Again, at page 8, on referring to the *mode* of examination—that is, the introduction of a tube into the rectum, Dr. BEIRNE remarks, "In this "way I have also examined the *rectum* of "*healthy* persons in a few minutes after "they had passed a stool, and of others at "the moment when they felt a moderate "inclination to go to stool, and have as-"certained that the rectum is in a per-"fectly empty and contracted state at "both of these periods." Further on, at page 25, he says—"I shall now state a "few facts with which the nature of my "*examinations* into the state of the *rectum* "in *healthy* persons, has made me ac-"quainted."

While transcribing these passages, the bare recollection of the rumour propagated against Dr. BAIRD, arising from his examination, his proper examination, of a female patient, it literally makes us tremble with apprehension for the characters of our professional brethren. Oh, what monsters are Envy and Slander! Suppose the healthy man, on whom Dr. O'BEIRNE instituted his first examination of a part "wholly unconnected with the disease for which he was consulted," had mentioned the circumstance in low and suspicious accents to some whispering reviler. And imagine that, within a few days afterwards, other *healthy persons* on whom these examinations had been instituted, had repeated the like statement; that a general rumour had been founded thereon. Good GOD! what would have become of Dr. O'Beirne if he had fallen into the hands of the Liverpool Committee? Why he must have fled from Ireland, have left Europe, and suffered his heart to break in the wilds of America, or in some African or Egyptian cave. The aspersions that would have been levelled at his moral and professional reputation, would have been sufficiently keen and forcible to penetrate and shake a statue of stone.

Here we take leave of the subject, by expressing our hope and belief that, as the Committee of the Infirmary have resolved, by a majority, to refer the inquiry to the decision of the medical officers of the Manchester Infirmary, those gentlemen will not be so regardless of the dignity of their station, or of the honour of the profession, as to consent to take any cognizance whatever of the alleged misconduct of a professional brother, when that individual stands without a shadow of a blemish on either his moral or his medical character.

PRODUCTION OF IODIC ACID.

To the Editor of THE LANCET.

SIR,—Having seen in your widely-circulated journal some weeks past, a paper mentioning the difficulty of procuring iodic acid by a "safe, easy, and certain process," I was induced by the perusal of it to take up the subject experimentally. The method which I found to answer best was the following:—By distilling a mixture of 1 part of iodine, 2 of oxide of manganese, and 4 of muriatic acid, an orange-coloured liquid comes over, which is a perchloride of iodine. On the addition of alcohol, it is resolved into muriatic and iodic acids, the former being removed by the alcohol, and the latter thrown down in small white flakes. The iodic acid thus procured, is to be thrown upon a filter, and washed with alcohol.

Should any of your numerous correspondents have leisure or inclination to pursue the subject, perhaps they may find some easier method of procuring the perchloride of iodine, such as by distilling iodine with eleven times its weight of corrosive sublimate, dissolving that element in nitromuriatic acid, or distilling a mixture of nitric acid, sea-salt, and iodine. I have the honour to remain, Sir, your obedient servant,

CHARLES MAITLAND.

Brighton, July 4, 1833.

*** Mr. Maitland's plan seems to us calculated to ensure a safe, abundant, and

pure product of iodic acid. At present we can only say, that it appears theoretically perfect. At some future time we may, perhaps, speak of it in confident terms as a *practical* process.

THE

APOTHECARIES AMENDMENT BILL.

To JOSEPH HUME, *Esq.*

SIR,—I take the liberty of addressing you as a representative interested in Scottish affairs. You are of course aware that the English apothecaries are attempting to exclude all individuals educated in Scotland from practising in England. Enclosed I send you the copy of a paper I have sent to the Editor of the "London Medical Gazette," on the subject referred to, but it is by no means certain that he will publish it, as there is reason to suppose that he has sold himself to the opposite party, as some of the newspaper writers have done.

I send a copy of my paper to you that you may have more information on the subject than you will be able to collect in the House of Commons. There ought really to be a more sweeping reform than any of the medical parties who are in the field, propose.

The Professors of the Scottish Universities ought not to be the examinators of the candidates for licenses to practise. The Edinburgh College of Surgeons by their present charter have no legal right at all to grant licenses, except to practise anatomy, surgery, and pharmacy. The College of Physicians here have no right to examine, nor to grant licenses, except to practise in *some parts* of Edinburgh; that is to say, the men who are or ought to be the best judges of practical medical talent have almost no power, whilst the London *apothecaries* have more than all the Colleges and Universities put together, since theirs is the *officina medicorum* of nine-tenths of England!

You are, of course, at liberty to make any use you please of my papers.* I have no *personal* interest in the matter, but take it up on general grounds.

In any investigation that takes place, it will be of great consequence, in eliciting useful truth, that intelligent men, *unconnected* with the Universities, the College of *Surgeons*, and Apothecaries Company, should be examined.

It will, if you desire it, give me much pleasure to furnish you with any farther information on this subject, deeply interesting to *all* Scotchmen. I have the honour to be, &c.

R. LEWINS, M.D.

Quality-Street, Leith, June 10, 1833.

To Joseph Hume, Esq., M.P.

Remarks on the contemplated Change in the Apothecaries Act, by ROBERT LEWINS, M.D., *Fellow of the Royal College of Physicians, &c.*

"I am not here speaking of the private police of a corporation, or the little arts of a craft."
John Gregory's Lectures.

To the Editor of the above-mentioned Journal.

SIR,—I am astonished at the want of candour and liberal feeling displayed in the remarks of most of your correspondents in late numbers of the Medical Gazette, and especially in the editorial ones of May 11th and 18th, regarding the proposed alteration in the Apothecaries Act,—an Act I had almost said surreptitiously obtained, and one most assuredly not creditable to the statute book of England.

The question is most unfairly met by the writers referred to, in every way; but at present I shall confine myself to a few principal points in the controversy. It is contended by the advocates of the Apothecaries, that the Worshipful Company have performed the highly important and responsible duties that devolved upon them in an honest, zealous, and judicious manner, whilst their opponents aver, that they have shown far more inclination to annoy and harass respectable, intelligent, and useful men, than to put down ignorant and unprincipled empirics.

But be that as it may, the writer of the editorial remarks before alluded to says, as the champion of the apothecaries, "We are quite aware that there is an outcry against the apothecaries, but we are always suspicious about the disinterestedness of those who have recourse to clamour; and we know that the parties who have been most active in addressing the Home Secretary, are, first, certain graduates or diplomatists of Edinburgh, who have been rejected by the apothecaries, and, secondly, those teachers in the northern metropolis, who have a direct personal interest in the matter."

As to the outcry that has been made against the apothecaries, by Edinburgh graduates or diplomatists, whom the Worshipful Company of Apothecaries in their wisdom thought proper to reject, I know

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* Communicated to THE LANCET by Mr. HUME, M.P.

nothing; I shall, therefore, in reference to them only say, that it is easy for examinators of very slender attainments to reject a candidate,—aye, and an accomplished one too.

As to the assertion, with regard to the clamour and outcry of teachers in the northern metropolis, I must take the liberty of saying, that it is inconsistent with truth. Neither the professors of the University, nor the lecturers on medical science in Edinburgh, men whose names and fame are known and respected wherever science is cultivated, have acted any part but an honourable and meritorious one. They have stated their claims in true and gentleman-like terms; and, in an honest, manly manner, appealed to the British Parliament to remove an odious and unconstitutional monopoly, which acts injuriously in England as well as in Scotland. They have done no more; and be it known that the Royal College of Physicians (who have also petitioned against the Act, and must be competent judges) have no personal interest in the matter; indeed, it would not be difficult to prove, that the interests of that body would rather have been promoted by remaining neutral in the contest; but they, disregarding private or personal considerations, came forward to give the government the benefit of their impartial counsel and advice at this crisis of medical affairs, and this, forsooth, is the clamour and outcry of direct personal interest.****

Your correspondent, an English Surgeon, whose precious paper has got a place in the *Gazette*, shows his ignorance of the subject he attempts to discuss, when he says, "I do not mean to enter into the propriety of this very strong measure, by which a person educated for one branch of the profession in one country, is to be allowed to practise another branch of the profession in another country." So we have come back to those halcyon times, when

"A river here, there an ideal line,"

makes on British ground two countries. The English Surgeon is a repealer I presume, and perhaps cherishes the fond idea of seeing the Scotch act the same part as the wild Irish are now doing; but he will find himself mistaken. Scottish intelligence will work its way, by appealing to the judgment of the legislature, not to the feelings of the mob.

Your friend, the English Surgeon, ought to have known that the Edinburgh Royal College of Surgeons is, in fact, an institution of surgeon apothecaries, specially authorised by law to grant licenses accordingly, and that the course of study and training of candidates for their diploma is so prescribed Most full and complete it is, comprehending everything that is necessary or desirable for a general practitioner to know wherever he may practise. * * *

The often-repeated assertion, to which so much importance has very improperly been attached, as to the existence of notoriously and rigidly enforced medical and surgical monopolies in Scotland, is utterly false. There is no instance in the memory of the oldest man now alive, of the constituted medical or surgical authorities in Edinburgh interfering with any individual practising any or all the branches of the profession. A member of the Apothecaries Company may, therefore, domicile himself in any part of Edinburgh tomorrow, even at the very portals of Physicians or Surgeons Hall, without running the least risk of being molested.

Decidedly and most uncompromisingly opposed as I am to the selfish and sordid policy of the London Apothecaries Company, I agree with the concluding remarks of the editorial paper already referred to, where it is said, "The question is a serious and important one, not suited for party legislation, and the great misfortune is, that that principle was not acted upon in 1815, when the apothecaries smuggled their Bill into Parliament, and carried it through the House of Commons by, I believe, a majority of *one*. But let the points *now* be fairly, fully, and freely discussed, without reference to petty jealousies, or individual instead of public interests, and then we doubt not but the Government and Parliament will come to a sound and satisfactory decision."

I have upon the present occasion encroached too much upon your time and my own, to enlarge my particular views with regard to the medical reform unquestionably wanted, and to the most unobjectionable mode of carrying it safely and effectually into execution. *That* I shall take an early opportunity of doing, and at present have only to add, that the basis of it, I conceive, ought to be, the formation of a new medical order or board, selected in England from the Colleges of Physicians, Surgeons, and, if the wants and wishes of the nation require it, from the Worshipful Company of Apothecaries, and in Scotland, from the Colleges of Physicians and Surgeons, which order, or faculty, shall be authorised by law to grant a license to the general practitioner without abrogating a single right or privilege enjoyed by the colleges at present. I am, &c.

ROBERT LEWINS.

6, Quality Street, Leith,
June 12, 1833.

[As the foregoing communication was not printed in the *Gazette*, Dr. LEWINS has sent the following for insertion in THE LANCET:—]

To the Editor of the Medical Gazette.

Sir,—In reference to your remarks on your "correspondent of Quality Street, Leith," I beg to say that nothing is more easy than an attempt to be impertinent, such as you have made, and that men are most apt to be so when engaged in a bad cause, as you are in your advocacy of the Worshipful Company of Apothecaries. I leave it to others to decide whether or not I have assumed too much. I have no personal interest in the matter.

It surely ill becomes one who, as you have done, has insulted and attempted to injure the whole medical population of Scotland, to complain of want of courtesy in others. I was not intentionally or willingly uncourteous. If any expression of mine is supposed to be so by those of whom I spoke, it is their own fault, not mine. *Your* feeling my remarks in the way you evidently do, is complimentary to me.

"Let the galled jade wince."

As to my seeming deficiency in common sense, that is inferred, I presume, from your imagining me simple enough to expect a place in the *Gazette* for my observations,—observations which, from the goodness of my cause, not from any merit of mine, you felt to be conclusive against yourself, and the party you write for. But know, courteous and sensible Sir, that I was not quite so young as to have any confidence in your justice, in the matter alluded to, and I made my arrangements accordingly. *That* you are, perhaps, aware of ere now.

Your behaviour altogether, in this affair, seems to me to confirm a report in circulation, that you are a mere mercenary in the pay of the apothecaries, and that you are advocating a cause which you know to be a bad one. Recommending that, in the exercise of your editorial functions, something like justice and liberality should influence your conduct, I am, &c.

ROBERT LEWINS.

6, Quality Street, Leith,
June 25th, 1833.

WESTMINSTER HOSPITAL.

OPERATION FOR CATARACT.

WILLIAM HACKLE, ætat. 45, a native of Vauxhall, and a carman, admitted on the 21st of May, with cataract in both eyes. The left eye has been affected seven years, and the right eye about six weeks; the sight of both organs was much impaired. The cataracts are caseous and lenticular. In the evening his vision always improved a little.

June 29. Mr. William Lynn has fixed upon this day for extracting it from the left eye. In the morning the pupil was dilated with belladonna in the form of solution, and at one o'clock the man was brought into the theatre and placed on a low stool. The eye was steadied by the fingers, and the operator carried Beer's knife across the eye in a style that Beer himself might have envied. The incision was made with the greatest facility, the convexity of course upwards, and in its progress the point of the knife was inclined inwards and across the lenticular capsule. The operation was consequently completed in one movement of the knife, the crystalline lens slipping out simultaneously with the aqueous humour. The greatest steadiness was observed in the operator's hand. The whole operation was finished in *seventeen seconds*. Towards evening the patient experienced a little pain in the sinciput; he was consequently bled to eighteen ounces. The ward in which he is, is darkened. Take of *calomel* gr. v in shape of pill at bed-time, and a draught as follows in the morning. Take of

Jalap in powder gr. xv;
Subcarbonate of soda gr. xij;
Supertartrate of potash gr. xij;
Infusion of senna, 2 ounces. Mix.

Sunday morning. The bowels have been well cleared. The patient perfectly tranquil, and free from pain.

July 1. No pain or inconvenience in the eye; he has slept well; pulse 72, small; bowels open.

2. No pain; the eyelids have been washed and the bandage reapplied loosely; pulse 70; bowels open.

LITHOTOMY.

George Mann, aged three years and four months, with light hair, but hazel eyes, and no apparent strumous diathesis, whose health had not been particularly affected, except by the casual occurrence of scald head, was admitted the latter end of June with stone in the bladder. The child was a native of Norwich, a city of *calculus* celebrity, and was affected with bloody urine and other organs of vesical irritation about eighteen months ago. His parents applied to that talented surgeon Mr. Cross of Norwich, who considered the case as one of gravel. The patient soon after quitted Norwich for London, and on

their arrival placed the child under the care of Mr. Hicks, of "patent bread fame," and well known as a skilful practitioner. He quickly detected the stone, and recommended the little sufferer to the care of his former colleague Mr. William Lynn.

June 29. The child was brought into the operating theatre, and bound in the usual manner. The staff was introduced with remarkable case and adroitness by the house surgeon Mr. Herbert Finch. It was held by Mr. White. The first incision was made rather longer than usual, and further back than the anus. The transverse perinei muscles were divided, and the urethra apparently reached. The The bistoire cachée was then introduced, but a portion of membrane was found to intervene between its point and the staff. The bistoury was withdrawn, and the membrane was divided with the scalpel. The bistoury was now pushed forward without difficulty to its destination, and a proper incision made. Mr. W. Lynn then passed his finger into the child's bladder, and with it extracted the stone. The urine tinged litmus paper red. The stone was chiefly of uric acid, and was in measurement about 6 lines by 8 and 4; cube 192 lines.

Immediately after the extraction, the operator plugged up the wound to prevent the escape of urine from the bladder, and its consequent infiltration into the cellular tissue. In this respect Mr. Lynn follows the practice of Mr. White, who recommends that time should be given to the incised surfaces, to throw out a shield of protecting lymph, before the urine is allowed to flow over it. The cutting and extraction occupied about three minutes. Nothing could exceed the sang-froid and precision of the operator in this case, and in the extraction of the cataract his steadiness was admirable. We suspect this gentleman has inherited more of his uncle's chirurgical mantle than is generally believed. We are given to understand that Mr. W. Lynn intends paying especial attention to ophthalmic cases, and to prevent their being in future allured into a certain bombastic establishment in the neighbourhood destined for the "improvement of the touch." We heartily approve of his spirited determination.

Tuesday, July 2. The child is very lively and playful. The plug continued in the sound, and the child has passed his water through the urethra; he sleeps well, and has not exhibited fretfulness.

HÆMATURIA OF LONG STANDING.

John Warren, forty-two years old, was admitted into Percy Ward, under Mr. Guthrie, June 12, 1833. He is a man of middle stature, and of good muscular development. His skin is of rather sallow hue, but the patient looks much more youthful than he really is. His health has generally been good, but being much addicted to pleasure, he became particularly susceptible of gonorrhœa, and has had as many as *seventeen* or *eighteen* claps. These attacks were followed by much irritability of the bladder, causing very frequent micturition. Being formerly in the marines, about ten years ago he was quartered at Sheerness; he had a severe clap at the time, which he was anxious to conceal from the surgeon, but he was suddenly compelled to report his case, having one morning, without suffering any premonitory symptom, passed a quantity of blood through the urethra. He was placed under the care of the chief surgeon of marines, Sir Richard Dobson, by whose treatment he was partially relieved, but his disease was considered so inveterate, that he was discharged from the service "by reason of a diseased bladder." Soon after leaving the marines, the hæmaturia spontaneously ceased, and did not recur for eight years. During this period, however, he had several gonorrhœal attacks, and subsequently contracted a stricture, for which he was treated as an out-patient at this hospital. During the last two years he has occasionally been affected with retention of urine. This was always produced by a little excess in drinking, and was relieved by passing a catheter. Some caution, however, was necessary in introducing this instrument, for a remarkably large *lacuna* existed a little anterior to the bulb, probably produced by violence. There is now no appearance of stricture. He makes water in a full-sized strong stream, but of late micturition has become more frequent. He discharges daily about a pint and a half of fluid, about one-half of which is grumous coagulum. Pulse 84; tongue clean; appetite good; bowels open.

15. Previous to micturition, the patient has no sense of fulness, or other disagreeable sensation in the hypogastrium or perinæum, but this act is invariably anteceded by an acute pain at the frenum præputii.

This day the patient was visited by his surgeon, Mr. Guthrie, who, on being told of the nature of the case, observed, "Well, it is a singular thing; these cases never come alone; I have now just such another in my private practice. Now which of you can tell anything of the history of this man? Where does this blood come from? Has no one observed whether the blood is discharged in clots? and

whether the clots are round or cylindrical like earthworms? What indication does the shape of the clot afford? Now, Mr. Thomas, I see by your physiognomy that you can tell me."—Mr. Thomas. "When the clots are vermiform, it is a sign that they have their origin in the urethra; but when they are globular, they are formed in the bladder."—Mr. Guthrie. "No. Mr. Thomas has made an approximation to the truth. Who can come nearer?"—Mr. Finch. "The cylindrical clots are formed in the ureters by blood seerned in the kidneys."—Mr. Thomas. "But there is a case, up-stairs, of severe stricture, where, after every attempt at catheterism, bleeding takes place, and an elongated coagulum is made, which, when drawn out, is exactly like an earthworm."—Mr. Guthrie. "True, that is a hemorrhage made by yourself, and you can have no doubt as to its origin, but the visible characters of the coagulum are different from those proper to one formed in the ureters, while the symptoms of the patient and the history of the case afford broad distinctions between a hemorrhage occurring in the kidney and one in the urethra." Mr. Guthrie now desired the house-surgeon to keep a gum elastic catheter continually in the urethra, and to take care that its point should not rest on the neck of the bladder. To the outer end of the catheter was to be fastened a pig's or bullock's bladder, into which the urine should flow without an effort on the part of the patient. He ordered low diet, and the following draught to be given three times a day. Take of

Infusion of roses 1 ounce;
Sulphate of alumine 15 grains;
Sulphate of magnesia 1 drachm;
Dilute sulphuric acid 15 minims. Mix.

Soon after the departure of Mr. Guthrie, Mr. White came in to see the patient, (whose case excited general interest,) when Mr. White was asked, by one of the pupils, what indication the form of the coagulum afforded in such cases. Mr. White said, that he thought the indication very uncertain, because the shape of the clots depended in a great measure upon the state and circumstances of the bladder, and the quantity of the hemorrhage. He had known instances of vermiform clots coming from the bladder when that viscus was rugose, and coagulation had taken place in its sulci." He then observed, that the pulse had, slightly, the thrilling property characteristic of hemorrhagic diathesis; and touching the treatment of the disease, according to his experience, active purging had been most efficient.

16th June. Pulse 84, softer; slept well; has eaten his allowance, and bitterly complains of its insufficiency. Bowels freely moved; a gum elastic catheter has been introduced in the manner prescribed. The urinous discharge, however, does not flow without an effort on the part of the patient. The catheter causes so little irritation that the man is hardly conscious of its presence.

19th. More pallid; no blood passed since the 17th. The catheter and its attached bullock's bladder are still kept in the urethra. The tongue is tremulous, blanched, and furred. He sleeps well; his bowels are open; pulse 90. Low diet, and fish.

30th. The urine is tinctured with blood; the bladder is irritable, though less so than before. He makes water eight or nine times in the twenty-four hours. It is copious, and the pain experienced in holding it is not so acute. The bowels are open and the appetite is good; pulse 90, excited by some temporary cause. He has left off using the catheter and its appendage, and continues the same diet and medicine.

July 2nd. The patient is much better; pulse 84; bowels open. He continues the remedies.

ST. BARTHOLOMEW'S HOSPITAL.

INFLAMMATION OF THE EYE, WITH FUNGOUS GROWTH.

W. Bolton, aged 8, light hair and pale complexion, was admitted, June 12th, into President's Ward, under the care of Mr. Lawrence. The whole of the external and internal tunics of the right eye were in a state of active inflammation, and at the superior surface of the eye-ball a fungous growth, about the size of a small hazel-nut, protruded; there was total loss of vision on that side, caused by an effusion of lymph in the anterior chamber; he complains of great pain in the eye, but *not* in the head. His mother states that the complaint originated from cold about three weeks ago; the tumour appeared soon after the commencement of the attack, and had continued gradually to increase; pulse quick; bowels regular. Ordered four leeches to be applied around the eye. House medicine.

14. Inflammation a little lessened; eye still very painful; pulse quick. Ordered a lotion of subacetate of lead diluted.

17. Nearly the same; tumour rather larger, having a glossy-red appearance, with uneven surface. Ordered mercury, with chalk, gr. v, three times a day. Repeat four leeches.

20. Inflammation somewhat subsided pain less. Ordered to repeat the leeches.

22. Continue the mercury and leeches daily.

24. Rather better; tumour appears duller, but not diminished in size. Ordered blister at back of the neck. Continue the mercury.

July 1. Eye still painful; pulse regular, but rather hard; does not complain of pain in the head; several small abscesses have formed beneath the integuments on the hands and legs. Ordered to continue the mercury.

INFLAMMATION OF THE EYE, WITH ULCER ON THE CORNEA.

June 7. John Clifford, ætat. 30, Gardener, was admitted into Rahere's Ward, under the care of Mr. Lawrence. There was acute external inflammation of the right eye, with a large pustule on the external margin of the cornea. States that it came on suddenly, and without receiving any blow. Ordered venesection to thirty-two ounces; a dose of calomel and jalap to be taken immediately; lotion to be applied to the eye.

8. Inflammation still active; conjunctiva red; pustule on the cornea broken, leaving an excavated ulcer; complains of great pain and intolerance of light. Ordered to be cupped to sixteen ounces on the right temple immediately.

9. Saline mixture with tartarized liquor of antimony every six hours; twelve leeches around the eye if necessary.

11. Conjunctiva still much inflamed; complains of pain; pulse strong and quick. Ordered venesection to twenty ounces. Continue the saline medicine.

12. Somewhat better; eye still painful; ulcer on cornea rather lessened in size. Ordered blister to be applied to temple; twenty-four leeches around the eye.

13. Much improved; pain less; conjunctiva paler; excavation on cornea shallower. Ordered house medicine.

14. He has left the hospital much relieved.

COMPOUND FRACTURE OF THE LEG—AMPUTATION.

Joseph Lawrence, a baker, ætat. 50, of a pale complexion, and weakly constitution, was admitted into Rahere's Ward, June 8, under Mr. Lawrence. Stated, that whilst walking he slipped his foot from the pavement, and fell with his leg twisted under him. The tibia and fibula were fractured about the centre, and the jagged ends of the bones protruded through the integuments; these were placed in position by Mr. Ward, house-surgeon, and the wound was dressed in the usual manner. *Effervescing draught.* House medicine.

12. The patient became very restless, and his mind, apparently, at intervals disturbed; and by his jactitation, the ends of the bones were again displaced.

15. His general health seems to have suffered, and an operation is deemed hazardous. *Leeches* xiv. *Bread cataplasm.*

17. Strength failing; pulse quick and small; is ordered brandy. *Tincture of opium*, twenty drops, to be taken occasionally.

18. The wound appears unhealthy, and emits an offensive odour. *Brandy* pt. i. *Lotion of chlorate of soda.*

20. Mr. Lawrence, during the day, deeming it expedient that the limb should be removed, in order to give the patient every chance of saving his life, amputation below the knee was performed. *Port wine* ʒxviij. *Tincture of opium* twenty drops.

22. Pulse quick; countenance rather anxious.

24. The stump has a dark and flabby appearance, and a very fetid smell. *Resin ointment on lint* to be applied to the sore, and over it the yeast cataplasm. *Brandy.*

25. Stump dark-coloured and offensive; subsultus tendinum; is evidently sinking.

LARGE TUMOUR IN THE NECK—OPERATION.

On Saturday, June 22, Mr. Lawrence proceeded to perform the operation of excision of a large tumour, which projected from beneath the lower jaw on the right side: the patient, Eliza Godwin, ætat. 26, a strong healthy-looking patient, was led into the theatre at half-past twelve.

The operation began by an incision, commencing near the symphisis of the inferior maxillary bone, and extending in an horizontal direction as far as the angle of the jaw; this included the whole length of the swelling; another cut was then made in a perpendicular course, which met the former at its middle, thus forming a wound of the shape of the letter T. Mr. Lawrence then dissected back the integument from its external surface, when its intimate connexions with the parts immediately surrounding and internal to it, were better observed; with the scalpel its edges were gradually and cautiously separated from the margin of the jaw-bone above, and from the soft parts below; in which process an artery was wounded and tied. From the large bulk of the tumour, and its unyielding nature, it was found necessary to slice off a large part of it, in order to expose its base, which seemed closely connected with the soft parts in its neigh-

bourhood. During this part of the operation a large artery was opened, but quickly secured by an assistant. On removing this portion of the tumour a cyst was opened, containing some dark glairy fluid, which emitted a very fetid odour. With a probe a passage was discovered, leading from it into the mouth. The next step of the operation was to clear away any portions of the diseased mass which might have remained behind. This was soon accomplished, without further hemorrhage, with the scalpel and bone-nippers; the edges of the wound were then brought together with sutures and strapping.

After the operation Mr. Lawrence came forward and addressed the pupils:—He stated that the patient was a married woman, who had enjoyed uninterrupted good health; that the tumour had been coming on for five years, during which period she suffered occasionally from lancinating pain in the part, particularly during the last few months. It had commenced by a small elevation at the edge of the inferior maxillary bone, and at first was quite moveable. It then gradually increased, until it reached its present size. From the circumstance of its increase being at first unattended by much pain, and not perceptibly affecting the constitution in any way, it was conjectured that the tumour was not of a malignant nature. She had suckled an infant for the last nine months, and had been perfectly well. Various means, such as iodine and other stimulating and irritating applications, had been tried, in order to disperse it, without any effect, but that of producing the numerous cicatrices which were observable on the surface of the swelling. In the progress of the operation he had found it necessary to remove a considerable portion of the tumour, in order to obtain a better view of its connexions. It was of the encysted kind, and contained a very fetid, dark, glairy fluid, of a nondescript character. In its greatest bulk it was of a fibrous interspersed with ossific matter, and in appearance approached the nature of osteo-sarcomatous productions. A small portion of the cyst had been left behind in the operation, from its being too intimately attached to the mucous lining of the mouth to permit its removal, but he thought it probable that it would be thrown off by the suppurative process, and that from the favourable circumstances of the case, the operation would be successful. Mr. Lawrence remarked, that the disease was a very uncommon one, and that he had never before witnessed one of a similar kind. The operation occupied three quarters of an hour, and was very adroitly performed.

24. The wound is looking healthy, and the patient seems in every respect to be doing well.

LITHOTRIPSY.

Tuesday, June 25th.—Baron Heurteloup again performed this operation on Thomas Woodbridge, when several pieces of stone were crushed. Several fragments, together with a quantity of pulverised calculi were voided very shortly afterwards. The Baron remarked, that he did not expect to be obliged to operate again on this patient. The poor fellow is highly delighted at the success which has attended the proceeding, and says he is now quite free from the unpleasant symptoms by which he was formerly harassed.

Monday, July 1st. Thomas Woodbridge was sounded again to-day, previous to his dismissal from the hospital, when two or three small fragments were discovered and easily broken down, the remains of which the Baron said the patient would soon void, and then pronounced him cured. He appears in excellent health, and states that he has not experienced any severity of pain since the first performance of the operation; he says "that he is as well as ever he was in his life," and is anxious to resume his occupation.

The other patient, Thomas Reese, has not again undergone the operation, in consequence of the state of his health.

PURPURA.

James Rush, ætat. 12, a paper-stainer, a healthy-looking little boy, was admitted, June 18th, into John's-ward, and presented the following appearances:—The whole surface of the body, except the palms of the hands and soles of the feet, were studded with spots of a bright-red, livid, and yellow colours, varying in size from small dots to that of a crown-piece; the larger spots, particularly on the left leg, had the appearance of bruises, and felt harder than the surrounding healthy parts; there were also similar specks on the conjunctiva of the right eye, also near the apex of the tongue, and on the inner surface of the lower lip; his countenance and tongue were natural, and gums healthy; pulse 96 and jirking. There were no symptoms referable to the head or chest. The abdomen was somewhat full but soft; appetite good, and bowels open.

He states that on Friday, June 1st, he was seized suddenly with headach, accompanied by heat and thirst, which obliged him to quit his employment. This, after four days absence, he again resumed. On the morning of the 11th, he observed

some red spots on his right shoulder, on the following day the upper extremities became covered, on the 3rd the lower limb had assumed the same appearances, and on the 5th the trunk was similarly affected; the spots, at first, are of a deep-red colour, subsequently changing to a dingy yellow; the pain in the head, and the feverish symptoms, disappeared when the eruption came out. On the morning of his admittance into the hospital, he expectorated a small quantity of blood. Venesection to two ounces was ordered, and castor oil.

19th. The blood was neither buffed nor cupped, but when first drawn, it was of a bright scarlet colour, and afterwards formed an homogeneous mass, without the common distinction of serum and crassamentum; urine slightly acid; stools natural. Citric acid 1 scruple, simple syrup 1 drachm, distilled water 2 ounces, for drink.

25th. The spots are gradually fading, and becoming of a brown and yellow colour; they still, however, are very apparent. The little fellow is running about the ward without any complaint.

MEETING OF LONDON HOSPITAL LECTURERS.

Dr. Clement Hue presents his compliments to the Editor of The Lancet, and begs to inform him, that a meeting of hospital lecturers was held on Monday evening last, at his (Dr. Hue's) private residence. If the gentlemen who were present give their consent to the publication of their proceedings in The Lancet, Dr. Hue will forward a report to the Editor next week, as that step may possibly prevent the communication of erroneous details to the public.

Bartholomew's Hospital,
Wednesday, June 10th, 1833.

Mile-End Old Town.—The contest for the office of Surgeon to this district terminated on Tuesday evening, after an unusually severe struggle. At the conclusion, the numbers on the poll stood thus:—

Mr. Birtwhistle	577
Mr. Storey	474
Mr. Rutherford	461
Majority for Mr. B...	103

Without disparaging the claims of the unsuccessful candidates, we may state, that Mr. Birtwhistle's qualifications fully entitled him to aspire to this important situation; and that, in his discharge of its duties, we feel confident that his talents and humanity will afford marked satisfaction both to the rate-payers and the poor.

Cholera.—We are informed by a gentleman who has this week arrived in town from Sunderland, "that several cases of the malignant Cholera have lately occurred in that town, and that two of them proved fatal, after an attack of a very few hours duration."

Has the ignoramus who has signed a note addressed to the Editor, with the name "Garrett Dashwood," a local habitation as well as a name? If he be not quite an idiot, he will understand why this question is asked.

P.U. FF. Some of our readers may have noticed a paragraph which lately appeared in a Morning paper, announcing "the departure of "Mr. Copeland for the Continent, to attend on a "noble Marquis who was suddenly taken ill." It turns out that the paragraph contained a false statement, and it would therefore probably have passed unheeded, had not the connexions of the titled party felt exceedingly hurt at it, as the puff was thus made the vehicle of spreading a report that the Nobleman in question was afflicted with a complaint, the treatment of which is, of all others, by far the most disagreeable. It is unfortunate that a man possessing the talents of Mr. Copeland, should limit his practice to the class of disease referred to.

A Correspondent wishes to know if any person has tried the effect of prussic acid to suppress sea sickness.

If *Mr. Williams* persists in demanding the name of the author of the communication signed "E. M.," with a view to the legal contradiction of the imputed misstatement, we are authorised to state that the name of "E. M.'s" attorney will be handed to him.

A Student. We received a letter stating that such a Society was about to be formed at the Gerrard-street School, but cannot give more information respecting it than will, we believe, be found in an advertisement on this week's cover.

Dr. L. of LW. shall shortly hear from us by post.

R. T. Alibert's Monographie des Dermatoses.

Erratum.—There is no restraining the imaginative powers of our printer's devil. As Quoterick contains something of the human form, our little imp will have it that he has a brain. Thus in the concluding line of the article on the "impostor," in our last Number, the word mind was inserted instead of mud, as in the MS.

The concluding remark of *Mr. Wiblin*, page 481, should have been "proved him not to be insane."